





THE⁶⁹
MEDICAL AND SURGICAL
REPORTER:

A WEEKLY JOURNAL.

EDITED BY

S. W. BUTLER, M. D. AND R. J. LEVIS, M. D.

APRIL—OCTOBER, 1859.

VOL. II.

PHILADELPHIA:

CRISSY & MARKLEY, PRINTERS, GOLDSMITHS HALL,
LIBRARY STREET.

1859.

R 11

M 5

new Ser

INDEX

REPORTS

INDEX.

- Abortion, attempted, death from introduction of air into veins 76.
- Abscess, scrofulous of face 362; lumbar 498.
- Adhesive plaster, use of in fractures 89.
- Adipocere, case of 498.
- Agnew, Dr. D. H. clinical remarks of 18; on Anatomy in its relations to medicine and Surgery 31, 71, 107, 155, 193, 239, 283, 319, 353, 425, 441, 473; biographical notice of Dr. Giger 144.
- Alabama, medical college of 455.
- Albuminuria 496.
- Alimentary canal, diseases of 484.
- Amaurosis, successfully treated by strychnia 42.
- Ammonia, carbonate of, in measles 179.
- AMPUTATIONS; of great toe, etc. 120; of thigh 205; remarks on 205; of hand 273; at hip-joint 280; of arm 323, 340; do. by Teale's method 362; of leg 362; of thumb 366; intra uterine 464.
- Anæmia lymphatica 505.
- Anæsthesia, in insanity 26; by congelation 348.
- Anasarca, croton oil in 96, 276.
- Anatomist's hymn 333.
- ANATOMY in its relations to medicine and surgery, 31, 71, 107, 155, 193, 239, 283, 319, 353, 425, 441, 473.
- Aneurism, diagnosis of 131; aortic 18, 497; gluteal, diagnosis of 131; subclavian artery 288.
- Anthelmintic, (Kameela) 14.
- Anti-peristaltic movement 188.
- Antrum, dropsy of 234.
- Anus; fistula of 98; imperforate 279.
- Aorta, aneurism of 18, 497; rupture of valves of 498.
- Apoplexy, veratrum viride in 118.
- Ardent spirits and tobacco, evils of 57, 82.
- Arm, amputation of 323, 340; by Teale's method, 362.
- Arrest of development in utero 430.
- Arsenic; for sheep dipping 28, 218; in intermittent fever 501.
- Arteries, large, visible pulsations of 494.
- Ascarides, treatment of 313, 468, 486.
- Asphyxia, caused by chloroform, treatment of 469.
- Asthma, laryngeal of children 480, 490.
- Atropia, sulphate of, therapeutic applications of 65.
- Bauer, Dr. L. on hip-joint disease, &c. 160; translation by, on microscopical diagnosis 356.
- Belladonna in suppressing mammary secretion 338.
- Birmingham, (England,) hospitals in 446.
- Births, influence of climate on 454.
- Blood; cause of color of venous 233; crystals in detecting blood for medico-legal purposes 315.
- Boisnot, Dr. J. M. on Kameela 14.
- Bolling, Dr. R. on chancre 15, 43; on itch 78; reports of Hardy's Lectures on Diseases of the Skin 137, 173, 191.
- Bones, human, traffic in 392.
- Brewster, Sir David 352.
- Bright's disease, tannin in 278.
- Bromine, in pseudo-membranous affections 504.
- Bronchectasis sacciformis 234.
- Bronchitis 288.
- Bronchocele, serous, treated by puncture 280.
- Bubo 99, 230; large phagedenic 101.
- Bullet, extraction of 432.
- Burning fluid, deaths caused by 424.
- BURNS 230; staphyloma from 290, 307; reparation of 307; extreme deformity from, wholly removed 478.
- Calculi, sixteen removed from same bladder 330.
- Caloric, Metcalf's work on 296, 346.
- Cancer; of liver 382; of tongue removed by the écraseur 467.
- Canstatt, C. on laryngeal asthma of children, translation of 480, 490.
- Carcinosis miliaris acuta 130.
- Caruth, Dr. A. A. clinical report by 246.
- Castration, self 188.
- Cataract, operation for 290, 386, 401, 448; double 413.
- Catarrh, epidemic 268.
- Caudalism 439.
- Cautery, actual, in disease of knee-joint 385; in arresting gangrene 341, 402.
- Cave, Wyandotte 455.
- Chancre 230; resumé of Ricord's lectures on 15, 53.
- Chest, diseases of 383.
- Child with colossal head 421.
- Chinese, translation of medical works into 258.
- CHLOROFORM 350; modus operandi of 133; inhaler, new 351; in puerperal convulsions 445; asphyxia caused by, treatment of 469.
- Cholera 487; and yellow fever 334, 471.
- Chorde tendinæ, rupture of 498.
- Chorea 228, 279, 382.
- Cicatrization and granulation 119.
- Cigar-holders, meershaum 104.
- Ciliary motion, direction of 131.
- Cinchonia, sulphate of 67.
- Cirrrosis of liver 398; dropsy from 289.

- CLAVICLE; fractures of 122, 165, 387; dislocation of 229; bent, and fracture of humerus 342.
Coates, Dr. B. H. translation of Canstatt 480, 490.
Cogley Dr. T. J. on the treatment of burns 391.
 Compression, digital, in external inflammations 279.
 Conjunctivitis, granular 448.
 Consanguinity, marriages of 421.
 Constipation, bichloride of mercury in 66.
 Convalescent institution 63.
 Convulsions, puerperal 444, 460; chloroform in 445,
Cooper, Dr. E. S. on incisions into joints in cases of synovitis 177.
 Cornea, opacities of 246.
 Corneal fistula 565.
 CORRESPONDENCE; from Chicago 23; from Lexington, Ky. 24; gross credulity 64; meerschaaum cigar holders 104; syphilitic ecthyma 151; verdict for \$600 for professional services 186; croton oil in dropsy 276; woman doctors 296; Metcalfe on caloric 346; from Scotland, Dr. Fenner 371; the dental convention 390; treatment of burns 391; quinia in pregnancy, letters from Drs. Woodward and Taylor 405; from New York 463; from Paris 501.
 Correspondents, to 27, 219, 259, 281, 335, 352, 376, 456, 472, 508; sensation answers to 375.
 Cream as a substitute for cod liver oil 349.
 Crinoline 217.
Critchett, Mr. Geo. clinical remarks of 448.
 Croton oil in anasarca 96, 276.
 Croton water, the 463.
 Croup, tracheotomy in 188.
Curtis, Dr. L. on nitrate of silver in throat affections 44; on dysentery 293.
 Cutaneous maladies, white lead paint in 331.
 "Cut behind" 497.
 Cyst of orbit, cured by injection with tincture of iodine 468.
Dallam, Dr. J. M. on intestinal obstruction 428.
 Deaths, caused by burning fluid 424; by lightning 424.
 Deformity, congenital of fingers, operation for 121; of fore-arm after fracture 343.
Demmé, Dr. T. A. clinical reports by 16, 43, 55, 80, 98, 119, 147, 164, 181, 202, 227; foreign periscope by 25, 64, 130, 188, 233, 278, 330; on cirrhosis of liver, etc. 199.
 Dentist, action against 316.
 Development, arrest of 430.
 Diagnosis, microscopical 356.
 Diarrhoea, chronic 484.
 Diet 485.
 Diphtheria, epidemic 25.
 Disinfectant, a new 467.
 DISLOCATIONS; of clavicle 229; of thigh, reduced by manipulation 343; of humerus, reduction after five months 360; partial 366; reduced by manipulation after resisting compound pullies and Jarvis' adjuster 402.
Dixon, Dr. clinical remarks of 447.
 Dr. O'Keefe and Philadelphia medical schools 374, 506.
Donnelly, Dr. E. tribute to Dr. Kugler 304.
 Double vagina and os uteri 27.
 Drinking fountains 335.
 DROPSY 202; croton oil in 96, 276; of antrum 234; from cirrhosis 289; ovarian 451.
 Drunkards, inosit in blood of 316.
 Duct, lachrymal, obstruction of 447.
 Dust of ages 235.
 DYSENTERY, discussion on 128, 166; treatment of 348; bael fruit in 469.
 Dysmenorrhœa 67; sanguinaria canadensis in 67.
 Earth, the, and its inhabitants 351.
 Eclampsia, cases of, 444, 445, 460.
 "Eclectic"-ism 27.
 ECRASEUR; hemorrhoids removed with 112; internal piles removed by 363.
 Ecthyma, syphilitic, (correspondence) 151.
 Eczema 383; chronic 56; solare 384.
 EDITORIALS.—A new volume 20; journal reading 20; school hygiene 21; a hospital for women 22, 102; the quarantine question 49; convention of medical teachers at Louisville 49; a university 62; Fairmount park 62, 452; women's hospital in New York 63; quarantine and sanitary convention 63; prolapsus of funis 63; regulations for admission and promotion in med. dept of Navy 85; College of physicians, (Phila.) 103; quackery 103; medical dept Penna. College 130; the late quarantine and sanitary convention 149; public drinking fountains 150, 452; the American Med. Association, 150, 215; the late convention of medical teachers at Louisville 168; Medical Society of the State of Penna. 169, 313; the medical profession in California 185; medical recipes 186; the sea shore 214; gratuitous medical services 216; about our terms 217; medical service in the Navy 232; the Howard Hospital 255; woman doctors 275, 295; practical pharmacy as a part of medical education 294; an important work on caloric 296; attendance on medical lectures in London 329; medical service in French army in Italy 345; national dental convention 345; medical dept of Penna. College 346; the bane of medical journalism 369; lithotomy per rectum 370; N. Y. Medical Gazette 370; the wallings of homœopathy 389; irregular publications 390; legal enactments to protect the medical profession 403; unfair 404; the sea-shore in the autumn 416; the British medical association 433; elevating the standard of medical education 434; the age of the pick axe 451; arrangement for reports, &c. from New York 463; medical instruction in Philadelphia 470; medical education 485; Dr. Reese & Marsh's truss 487; lost record 488; close of a year's labors 500; reports from New York 500.
 Education, medical 477, 485, 489.
 Elbow-joint, injuries to 387.
Elmer, Dr. G. E., on croton oil in dropsy 276.
Elsberg, Dr. L., foreign periscope by 131, 234, 277, 297, 314, 346, 417, 434, 504.
 Emboli 436.
 Empyema, followed by pleurisy 450.
 Encephalocele, congenital 409.
 Endocarditis, connection of with rheumatism 81, 100.
 Epidemic, a new 374.
 Epidemics 334, 471.
 Epilepsy successfully treated with strychnia and nitrate of silver 410.
 Epistaxis, death from 457.
 Esophagus, stricture of, gastrotomy for 332.
 Erysipelas 182, 393; local applications in 377.
 Exophthalmia 57.

EYE; infimary, N. Y. 26; wound of 82; diseases of 246, 447-450; lead solder in 249; injury to 432; excision of globe of 449.

Falls, injuries from 290.

Faradisation or local electrification, 418, 436.

Fatty degeneration of liver, heart, kidneys and spleen 142.

Fecundity, extraordinary 333.

Fenner, Dr. E. D., letter from 371.

Ferguson, Dr. N. D., on puerperal convulsions 444.

FEVER; intermittent, horse-chestnut in 65; arsenic in 501; epidemic in Belgium, 508; surgical 234; typhoid 203, 383, 399.

Fibula, fractures of 101; exsection of 458.

Field, Dr. C. C.; on extreme deformity from burn wholly removed 478.

Fighting on an empty stomach 440.

Finger, bitten by a lobster 388.

Fingers contracted, modified operation for 180.

Fiske prize fund 392.

Fistula; in ano 98; corneal 505.

Food, iodized 28.

Foot; injury to by mowing machine 341; to sole of 384, 400; amputation of by Pirogoff's operation, 401.

Forwood, Dr. W. S., on congenital encephalocele 409.

Fracture, Barton's 9.

Fore-arm, deformity of after fracture 341.

Fossil pathology 506.

FRACTURES; through inferior extremity of radius, (Barton's) 9; of the skull 43, 81; of rib and pneumonia 81, 101; use of adhesive plaster in 89; bones of leg, recent specimen of 98; of humerus 98, 165, 432; of fibula 101; of the clavicle 122, 165; of the thigh 164, 325; of the leg 183, 232, 306; do. with deformity 432; of bones of nose and face 184; of lower jaw 184, 413; of fore-arm 229, 306; of neck of femur 231, 344; compound, of thigh 231, 274, 325, 342; of ribs 272; compound, of humerus 273, 323; of humerus, and bent clavicle 342; of thigh, treatment by simple extension 345; of the ilium 388; of dorsal vertebrae 450.

Funis, prolapse of 63.

GANGRENE, of lungs, 55, 99, 146, 289; amputation for progressing 67; of stump arrested by actual cautery 341 402.

Gastrotomy, for stricture of œsophagus 332.

Gary, Dr. F. F., on gelsemium sempervirens 226.

Gebhard, Dr. L. P., on dysentery 128.

Gelatine, for invalids 316.

Gelsemium sempervirens 226.

Gerhard, Dr. W. W., Clinical remarks of 16, 55, 80, 145; list of cases attended during his term at Penna. Hospital 147.

Gibbs, Dr. O. C., on local applications in erysipelas 377.

Gland, the thymus 435; physiology and pathology of 25.

Glaucoma 277, 297, 449; and iridectomy 132.

Gleet and orchitis 307.

Glycerine, application of in variola 64; solution of nitrate of silver in for cauterizing the urethra 131.

Gonorrhœa 122, 431; with stricture 324.

Gorilla, the 171.

Granular lids, tannic acid and glycerine in 26.

Granulation and cicatrization 119.

Guaco as a remedy in specific poisoning 349.

Gun-shot wounds, of neck 385; of hand 401.

Hæmostatic, persulphate of iron as a 67.

Hairs, numbering the 333.

Hanging, observations on death by 245.

Hayes, J. B., clinical reports of 287, 323, 340, 362, 364, 382, 398, 411, 431, 484, 494.

Head, injury to 325, 387.

HEART; disease, treatment of 133; aortic orifice of disease of 485; rupture of aortic valves of 493; rupture of chordæ tendinæ of 498.

Hemorrhage from ulcer of penis 149.

Hemorrhoids 112, 363.

HERNIA; formation of 65; strangulation of 132; cerebri 409; strangulated congenital inguinal 506.

HIP-JOINT; disease of, a case with complications 160; unreduced luxation of 231; amputation at 280.

Homœopathy, Punch on 152; the wailings of 389.

Horse-chestnut in intermittent fever 65.

HOSPITAL; German in London 27; instruction in Paris 68; at Honolulu, Sandwich Islands 335; floating in N. Y. 424, 471.

HOSPITAL PRACTICE, ILLUSTRATIONS OF—

Pennsylvania Hospital, 16, 43, 55, 80, 98, 119, 145, 164, 181, 202, 227, 272, 287, 305, 323, 340, 362, 382, 398, 411, 431, 484, 494.

Medical library of 439.

Philadelphia Hospital, 18.

Howard Hospital, 246.

English Hospitals, 422, 446.

Albany city, case of exsection of fibula 458.

Humboldt 28; funeral of 219; last words of 237; honors to in Mexico 392; library of 487; "foundation" 506.

HUMERUS; fracture of 98, 165, 432; and bent clavicle 342; comp'd fracture of 273; do. and resection 323; dislocation of, reduction after five months 360; dislocation of, reduced after having resisted compound pullies and Jarvis' adjuster 402.

Hunger, influence of, on poisoning 315.

Hunter, John, remains of 19, 51; William and John 218.

HYDROCELE, 343, 363, 401; of spermatic cord, with h. of tunica vaginalis 98; Simpson's method of cure with metallic seton 148, 166; radical cure of 342; cured by seton 412; treatment of 508.

Hydrophobia, a case of 450.

Ilium, fracture of 388.

Inoculation, malignant, death from 105; syphilitic 280.

Inosit in the blood of drunkards 316.

Insanity, anæsthesia in 26.

Intermittent forms of disease in the West 322.

Intestinal obstruction caused by lumbrici 428.

Iridectomy, 65; and glaucoma 132; curative effects of 297.

Iritis 411; syphilitic 56.

IRON; persulphate of, as a hæmostatic 67; citrate of, and strychnia 334; expansive force of, slow oxidation of 349; thread for sutures 352; solid perchloride of as a styptic 506.

Jaquett, Dr. F. S., on strychnia in amaurosis 42.

Jardin des plantes 501.

- JAW; lower, fracture of 184, 413; upper and lower necrosis of, operation 368; false ankylosis of 384.
- Johnson, Dr. W.*, on meningitis 269; on fibrinous deposit within the uterus as a cause of hemorrhage and pain 337.
- Joints, incision into, in cases of synovitis 177.
- Justice, severe 317.
- Kameela, new anthelmintic 14.
- Kane monument association 237.
- Keratitis, interstitial 447.
- KNEE-JOINT; excision of 253, 418; disease of, treated by actual cautery 385; disease of 412.
- Labor, with unbroken hymen 435.
- Lacerated wounds 121.
- Larveys, *Father and Son* 281.
- Larva developed in the nasal fosa 465.
- Laryngitis 289.
- Lawrence, Dr. G. W.*, on Pancreatics 41.
- Lead-colic—its treatment by Faradisation 418.
- Lecture room, *Mr. Queckett's* 486.
- "Le docteur noir" 151.
- L'école de médecine, (Paris) 502.
- Lehlbach, Ch. F. J.*, pathological notes 142; periscope by 235, 315.
- LEG, FRACTURES OF 183, 232, 306; with deformity 432; amputation of 362.
- Leucorrhœa and procidentia uteri 339.
- Levick, Dr. J. J.*, clinical remarks of 181, 202, 227, 287, 305, 382, 398.
- Levis, Dr. R. J.*, memoir of *Dr. Mütter* 113.
- Life, probable duration of 259; expectation of 259.
- Lightning, freaks of 439.
- Lind University, Chicago, medical department of 23, 105.
- LITHOTOMY; in young children 66; median 279; recto-vesical 370, 438, 494.
- Liver; cirrhosis of, etc. 199, 398; cancer of 382.
- Longevity, marriage and celibacy in relation to 505.
- Lumbriæ cause of intestinal obstruction, 428.
- Lungs, gangrene of 55, 99, 146, 289.
- Lupus 325.
- Luxation, (*see dislocation.*)
- McClurg, Dr. J. R.*, on scirrhus of stomach 54; on areolo-cutaneous tuberculosis 79; on croton oil in anasarca 96; on veratrum viride 158; on synovitis, 266; on leucorrhœa and procidentia uteri 339.
- McGrath, Dr. F.*, on epidemic catarrh 268; on chloroform in puerperal convulsions 445.
- McGuire, Dr. H. H.*, on new instrument for vesicovaginal fistula 198.
- Magnesia, *Husband's* 350.
- Magnetic armlets, charms, etc. 423.
- Marriage; effect of war on 453; and celibacy in relation to longevity 505.
- Maryland, medical and chirurgial faculty of 456.
- Measles, carb. of ammonia in 179.
- Medical aid for French army in Italy 317, 345; education 477, 485, 489; instruction in Philadelphia sessions of 1859-60, 470; service on the battle field 372; society, a secret in New York 341.
- MEDICAL SOCIETIES:—
Academy of Medicine, (N. Y.) tumors, and the best mode of extirpating them 496; "cut behind" 497.
- American Medical Association*, minutes of twelfth annual meeting of 205.
- Cumberland Co., N. J.* 105.
- Delaware State* 281.
- Essex county, (N. J.) Medical Union* 450.
- Iowa State* 391.
- National Dental Convention* 414.
- Northern Medical Association of Philadelphia*, use of nitrate of silver in throat diseases 44; dysentery 128, 166, 291; uterine displacements 249; arachnitis 326.
- Pathological Society, (N. Y.)* aneurism of arch of aorta 497; lumbar abscess 498; rupture of aortic valves 498; rupture of chordæ tendinæ 498; case of adicopere 498.
- Pennsylvania State*, minutes of 308.
- Philadelphia Co.*, evils of ardent spirits and tobacco 57, 82.
- Médecine, l'école de 502.
- Meigs, Dr. J. Forsyth*, clinical remarks of 484, 494.
- Meningitis, anomalous case of 269.
- Mercury, bichloride of in constipation 66.
- Metals, heat conducting power of 189.
- Microscope the, before the Anatom. So. of Paris 466.
- Microscopical diagnosis 356.
- Montebello, battle of 281.
- Muscle, a new 131.
- Mutter, Dr. T. D.*, tribute to memory of 24; memoir of 113.
- Navy, regulations for admission and promotion in Medical Department of 85.
- Neck, gun-shot wound of 385.
- Necrosis, of upper and lower jaw—operation 368.
- Needle for wire suture 331.
- Neill, Dr. John*, clinical remarks of 43, 56, 81, 98, 100, 119, 147, 164, 183, 204, 228, 272, 289, 324, 342, 364, 387, 411, 431; table of cases during his three months service 433.
- New York sensations 440.
- Nitrate of silver in throat affections 44.
- Nose, portion of bitten off 184.
- Nursing sore mouth and disease of the uterus 26.
- OBITUARY NOTICES—of *Dr. Mütter* 24, 113; *Dr. Glover* 135; *Dr. Giger* 144; *Dr. Kugler* 304; *Jacob Bell, Esq.* 317; *Dr. Chabert* 471.
- Obstetric engagements binding 507.
- Old new things 423.
- Omentum, fibrous tumor of 380.
- OPHTHALMIA; military 132; purulent of infants, light the only cause of 331; strumous 448; neonatorum 448.
- Ophthalmic hospital, Royal London 446.
- Ophthalmoscope, clinical use of in diseases of the eye 261, 448; a new 467.
- Opium gathering in Bithynia 350.
- Optic nerve, deviation of level at entrance of 277.
- Orchitis and gleet 307.
- Osteogenesis 466.
- Osteology, the early study of 454.
- Pédiatrie 65.
- Paint, white-lead in cutaneous maladies 331.
- Pancoast, Dr. Joseph*, on resection of radius 111; clinical remarks of 323, 340, 362, 383, 400.
- Pancreatics 41.
- Pannus 448.
- Paralysis 80, 146; of uterus from a fall 97.

Parotitis acuta 314.
 Pathological collections 450.
 PATHOLOGICAL SPECIMENS—clot on brain 98; pneumonia 100; fatty degeneration of heart, liver, kidneys and spleen 142; of phthisis 204; diseased thigh bone 280; miliary tubercles of lungs 305; of liver 398.
Peake, Dr. H. on Metcalfe's caloric 346.
 Pepsin 332.
 Periostitis 173.
 Peritonitis 145, 181.
 Perocephalus 286
 Pharmacopoeia; call for convention for revising 171; new British 258.
 Phthisis—Skoda 188; with pleurisy 287.
 Physicians Philadelphia College of 103.
Pierce, Dr. S. N. on carb. of ammonia in measles, 179; on epilepsy 410.
 Piles removed by the écreuseur 112, 363.
 Pirogoff's operation 401, 468.
 Pityriasis versicolor 99; cured by sulphuret of potassium 228.
 Placenta, new function of 279; concretions of phosphate of lime in 286.
 Plants, sleep of 349.
 Pleurisy 17; with phthisis 287; following empyema 450.
 Pneumonia from fractured rib 81, 101; and roseola 182.
 Poisoning; influence of hunger on 314; specific, guaco as a remedy in 349.
 Population, density of, in New York 236; crowding of in New York 257.
Porter, Dr. C. H. observations on death by hanging 245.
 POST-MORTEM EXAMINATIONS—fracture of skull 43; pneumonia 100; gun-shot wound of skull 147; in a case of hip-joint disease with complications 160; in cases of railway injury 165, 341; in gun-shot wound of neck 165; in case of cirrhosis of liver, etc. 199; typhus fever 228; case of fracture of skull 340.
 Posture, influence of, on tympanitic percussion sound 133.
 Potassium, arseniated bromide of, (Clemens' solution) as a tonic, alterative and resolvent 181, 504.
 Pregnancy, detection of, by ergot 66.
 Prizes medical 280.
 Professional habits in 1670, 259.
 Propylamin in rheumatism 289, 438.
 Pseudo-membranous affections, bromine in 504.
 Pugilist, training of a 420.
 Pulmonary; disease, swinging exercise in 374; illumination 487.
 Pulsations, visible of large arteries 494.
 Pupil, artificial 449.
 Quackery 27, 103; an epilepsy and cancer curer 64; canonized 392; in Germany and New Brunswick 456; American in England 488.
 Quarantine and sanitary convention 123; remarks on 149.
 QUINIA—hypophosphate of 255; influence of on pregnant uterus 381.
 Radius, resection of 111.
 Railway injuries 120, 204, 231, 323, 362.
 Retina, apoplexy of 448.

REVIEWS AND BOOK NOTICES—*Vidal A. (de Cassis.)*
 A treatise on venereal disease 19; *Agnew, D. H.*, valedictory address 19; *Taylor*, on poisons in relation to medical jurisprudence and medicine 61; *Coultas*, what may be learned from a tree 61; reports of hospitals for the insane 61; *Tanner* on diseases of infancy and childhood 167; *Bell*, a treatise on baths 254; *Wynne*, importance of study of legal medicine 254; medical journals 254; *Meigs*, woman, her diseases and remedies 274; *Fownes*, elementary chemistry 275; *Dickson*, elements of medicine 293; *Mitchell*, five essays 294; *Bird*, urinary deposits 294; *Jones*, defects of sight and hearing 294; *Gray*, anatomy, descriptive and surgical 327; *Griscom*, memoirs of John Griscom, LL. D. 328; *Flourens* on discovery of the circulation of the blood 328; the *Scientific American*—the *Century*—*Southern Rural Magazine*—*De Bow's Review*—*Godey's Lady's Book* 329; Transactions of Medical Societies 344, 366; *Galt*, lecture on idiocy 388; the dental cosmos 389; *Headland*, the action of medicines on the system 415; physician's visiting list 415; the kappa lambda 432; *Gross*, system of surgery 461; what may be learned from a tree 462.
 RHEUMATISM 288; acute 16; and endocarditis, connection of 81; with endocarditis 289.
 Rhinoplastic operation on nose 244.
 Ribs, fractures of 272.
Rice, Dr. T. C. on influence of quinia on the pregnant uterus 381.
Rogers, Dr. W. C. on removal of hemorrhoids with écreuseur 112.
 Roseola and pneumonia 182.
 Sanguinaria Canadensis, in dysmenorrhœa 67; the-rapeutical applications of 163.
 Sanitary and quarantine convention 123.
 Santenine, action of on vision 256.
 Scalp, wounds of 43, 81, 122, 147.
Schumo, Dr. E., clinical report of 400.
 Schirrhous of stomach 54.
 Scorbutus 80, 146, 227.
 Serotum, diseases of 44.
 Scurvy, 80, 146, 227.
 Sheep killed by eating poisoned grass 28, 218.
Shell, Dr. E. H. on therapeutical applications of sanguinaria Canadensis 163.
 Skin; Hardy's lectures on diseases of 137, 173, 191; diseases of 398.
 Skull, fractures of 43, 81, 147, 325; with laceration of ear 340.
 Small-pox hospital in Cologne 170.
Smith, Dr. H. H., on Barton's fracture 9.
 Sneezing, convulsive 343.
 Spain, no drunkards or delirium tremens in 236.
 "Spanish apple," a demulcent 26.
 Spasm, palpebral, division of supra-orbital nerve for 316.
 Specialties, medical 134.
Spillman, Dr. W., on perocephalus, 286.
 Spinal marrow, injury to 272.
 Spleen, enlargement of 227.
 Sponge, compressed 256.
 Staphyloma; from burn 290, 307; posterius, 346, 417, 434.
Stevenson, Dr. J. M., on paralysis of the uterus 97.
 Stomach, scirrhous of 54.
 Stone in the female 431.

- Strabismus 449.
 Strength, feats of 237.
 Stricture 102; traumatic 431.
 Strychnia in amaurosis 42.
 Stumps, management of, changes in, &c., after amputation 365.
 Styptics 67, 506.
 Suicide, statistics of 406.
 Sulphur as a dentifrice 67.
 SUTURES; metallic 100; iron thread for 352; silver 371, 372.
 Sweating sickness, the 453.
 Swelling as a symptom of inflammation, (5 cases) 364.
Swinburne, Dr. John, on death from attempted abortion 76; on reduction of dislocated humerus after five months 360; on exsection of fibula 458.
 Swinging exercise in pulmonary disease 374.
 Synovitis 266; incisions into joints in 177.
 Syphilis, vaccination in 467.
 Syphilitic eruption 44; tubercle 325.
 Syphilization 453.
 Tabes dorsalis 495.
 Tannin, in Bright's disease 278.
Taylor, Dr. M. K., on Quinia in pregnancy 406.
Taylor, Dr. T. L., clinical reports by 18.
 Teeth, new cement for 468.
 Tendon of rectus femoris, division of 506.
 Teno-suture, with cases, 301.
 Testicle, swelled 148.
 Tetanus 289; preparation of post. tibial nerve from case of 450.
 Thames river, condition of 317, 351, 375.
 "The black doctor," 151.
 THIGH; use of adhesive plaster in fracture of 89; fractures of 164, 325; amputation of 205; compound fracture of 231, 325, 342; luxation of reduced by manipulation 343.
 Throat affections, nitrate of silver in 44; wounds of 98, 101.
 Thymus gland 435; physiology and pathology of 25.
 Tibia, trephining for long continued pain 234.
 TOBACCO; and ardent spirits, evils of 57, 82; question 331; and other narcotics, influence of in producing amaurosis and epilepsy 349.
Todd, Dr. L. B., tribute to Dr. Mütter 24.
 Tracheotomy 66; in croup 188; in tuberculosis, with disease of larynx 289.
 Trephine, revival of use of 454.
Triplett, Dr. W. H., on death from epistaxis 457.
 TUBERCULOSIS 289; areolo-cutaneous 79; and its treatment 36, 91, 221.
 TUMORS; on head of new born 134; of breast 148; in popliteal space 184; of leg 205; venous, in groin, from rupture of a vein 306; on the chest 307; venous 307; fatty 308; do. removal of 342; external and internal of head 366; fibrous of omentum 380; best mode of extirpating 496.
Turnbull, Dr. L., clinical remarks by 246; on use of ophthalmoscope 261; clinical notes taken in English hospitals 446; letter from Europe 501.
 Twins, an epidemic of 374.
 Types of persistent animal life 334.
 ULCERS; of penis, hemorrhage from 149; varicose, treatment of 366.
 Uterine displacements, discussion on 249.
 Uterine hemorrhage, veratrum viride in 118.
 UTERUS, disease of, and nursing sore mouth 26; paralysis of, from a fall 97; fibrinous deposit within as a cause of hemorrhage and pain 337; procidentia of and leucorrhœa 339; inversion of 469.
 Vaccination; efficacy of 373; influence of on increase of population 452; in syphilis 467; homœopathic 486.
 Vaccine matter; in 1814, 237; regeneration of 453.
 Vagina and os uteri, double 27.
 Valves, rupture of aortic 498.
 Varices in the œsophagus, vomiting of blood from 279.
 Varicose veins, treatment of by blistering 330.
 Variola, application of glycerine in 64.
 Veratrum Viride 56, 153; in apoplexy and in uterine hemorrhage 118.
 Verdict of \$600 for professional services 186.
 Vertebrae dorsal, fracture of 450.
 Vesico-vaginal fistula, new instrument for 198.
 Viscera, transposition of 17.
 Von Moschzisker, Dr. 439, 472, 507.
Walter, Dr. A. G., on modified operation for contracted fingers 180; rhinoplastic operation, 244; on teno-suture 301.
 Watering places, sanitary condition of 455.
 Whitney case, the 471.
 Whooping-cough 468.
 Will, strange provisions in a 335.
Wilson, Dr. R. V., on belladonna in suppressing mammary secretion 338.
 Women doctors 275, 295, 422.
 Women, hospitals for 22, 63, 102.
Wood, Dr. Geo. B., resignations of 153, 233.
Woodward, Dr. B., veratrum viride in apoplexy and uterine hemorrhage 118; on intermittent forms of disease in the west 322; on fibrous tumors of omentum 380; on quinia in pregnancy 405.
 Workmen, London, strike of 454.
 WOUNDS; of scalp 43, 81, 122; lacerated 121; incised, sloughing of 388.
 Yandell Dr. L. P. 507.
Young, Dr. O. H., report of exsection of fibula 458.
Ziegler, Dr. Geo. J., on tuberculosis and its treatment 36, 91, 221; on arrest of development 430.
 Zoology, gallery of in Paris 502.

THE
MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 128.

PHILADELPHIA, APRIL 2, 1859.

{ NEW SERIES,
VOL. II. NO. 1.

Original Communications.

On Fractures through the Inferior Extremity of the Radius—Their Direction and the Causes of the Deformity.

BY HENRY H. SMITH, M. D.,

Professor of Surgery in the University of Pennsylvania.

Does "Barton's fracture" exist, and, if so, what is its direction, seat, and the mechanism of the deformity?

The difference of opinion among surgeons in reference to the seat of fracture in those cases of deformity that supervene on falls on the hand, is well known to the profession. Thus Dupuytren¹ says, "the fracture may occur transversely or obliquely, from three or six lines to one inch or an inch and a half from the surface of the articulation."

Colles² describes the injury as one previously unnoticed by any author, and as being "a fracture about one inch and a half above the carpal extremity of the radius."

Nelaton³ says, that "in the immense majority of cases of fracture of the inferior extremity of the radius, the bone is broken two-fifths of an inch from the end."

Smith⁴ of Dublin reports "twenty cases in which the distance of the fracture above the wrist-joint measured from one-fourth to one inch."

J. Rhea Barton described⁵ "a peculiar con-

dition of the wrist, as a *subluxation* consequent on a *fracture through* the carpal extremity of the radius;" whilst Dr. Hamilton, of Buffalo, reports⁶ "thirty-three fractures of the lower third of the radius, of which twenty six were within from half an inch to one inch and a little more from the articulating surface," all being included under the head of Colles fracture, remarking "that he has not recognized Barton's fracture in any instance that has come under his own observation, nor has he been able to find a cabinet specimen in any pathological collection."

As no pathological specimen was referred to by Dr. Barton, and the symptoms of the injury are very deceptive, giving often the impression of a fracture higher up the bone than that point where it commences, the existence of such an injury has either been overlooked, misunderstood or doubted, by many who have certainly had such cases before them.

The direct connection of the line of this fracture with the joint creates a more marked tendency to false ankylosis than the injuries above alluded to as half an inch to an inch and a half above the articulation, and as specimens, and especially those of a recent character, are rare, attention may perhaps be profitably directed to the following remarks as based on normal and pathological illustrations.

That a fracture may occur at various points of the inferior fifth of the radius cannot be doubted, but the object of this paper is to show that the starting point of such injuries is very frequently *directly from the articular surface of the bone*, whence it passes upwards, and that the term "Barton's fracture" may properly be

¹ Clinique Chirurgicale, tome I, p. 146.

² Edinburgh Medical and Surgical Journal, vol. X, 1814.

³ Clinical Lectures, reported by Walter F. Atlee, M. D., Philadelphia.

⁴ Treatise on Fractures, etc., by Robt. Wm. Smith, M. D., Dublin.

⁵ Medical Examiner, vol I, p. 365. Phila., 1838.

⁶ Transactions American Medical Association, vol. IX, p. 166, 1856.

employed to designate such cases of fracture as result in an inclination of the hand to the radial side of the arm. This fracture being nearly always consequent on a fall on the heel of the hand whilst the latter has been forcibly extended, the flexor tendons of the wrist are so firmly applied to the front of the radius as to add materially to its strength, thus preventing the front fibres of the bone from yielding to the forces as readily as the posterior inferior margin of the articular face of the radius, where it is in contact with the first row of the carpal bones. "Barton's fracture" creates, therefore, a fragment that is broken from the inferior extremity of the radius on its dorsal side, starting from the cartilaginous or joint face of the bone, and extending upwards and backwards as high as one inch from the carpus. The mechanism of its production may be demonstrated on any articulated skeleton, and is shown in Fig. 1.

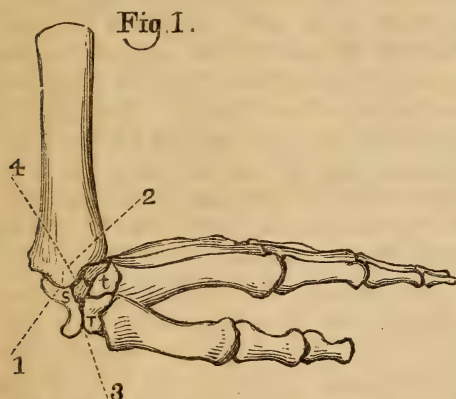


Fig. 1, drawn from nature by Dr. J. J. Woodward, of Philadelphia, shows the relative position of the inferior posterior articulating face of the radius to the carpal bones in falls upon the hand, as well as the manner in which the forces creating the fracture described by Barton will act.

By referring to this figure it will be evident that in falling on the heel of the hand, the force or weight of the body will be transmitted through the radius in the line of 3, 4, the resistance being made by the carpal bones striking the ground, and that the line of fracture will be either in the line 1, 2, or a little higher up, or in that of 2, 4—the latter representing the effect of the forces applied at 1, 3. In any of these lines the carpus is the direct agent that fractures the radius. In the line

3, 4, the trapezium pushes up the scaphoides, and it bears against the corresponding portion of the radius, whilst the extreme extension of the hand brings the posterior inferior margin of the latter bone in the line 1, 2, directly against the superior and posterior margin of the second row of carpal bones. The thickness of the margin of the radius, that is fractured, will depend chiefly on the degree of extension of the hand, the equal or unequal character of the ground; and the tendency in the body of the patient to tilt over the arm, that is, for the patient to fall upon his head or face.

The dorsal margin of the inferior articulating surface of the radius being thus pressed on by the second row of carpal bones, the convex surfaces of the scaphoides and lunare are forced directly upwards and backwards, through the line of 3, 4, thus tending to create a fracture of the posterior inferior margin of the inferior articular face of the radius, in the grooves of which the extensor tendons play; the force also tearing off the posterior surface of the periosteum, as high up as the line of union of the epiphysis and diaphysis of this portion of the bone. As the posterior margin of the inferior articulating surface of the radius thus receives the weight of the body, little or no support is furnished by its anterior margin, and it consequently is seldom broken, though the flexor tendons are much stretched, and the bursa through which they play is apt to be lacerated and give rise to a rapid serous exudation, thus causing an anterior swelling, that is liable to be mistaken for a displaced fragment. When the scaphoides receives the greatest weight, it transmits the force to the styloid process, which may then be fractured obliquely, and yet slightly, on the line of the shaft of the bone, as at 1, 4, fig. 1; this fracture not being nearer to the ulna than the space between the scaphoides and lunare. A fracture of the radius, consequent on a fall, and described by Barton "as involving the articulation," may therefore be in three lines:

1st. A transverse fracture of the posterior margin of the articulating surface of the radius, thus displacing the grooves for the extensor

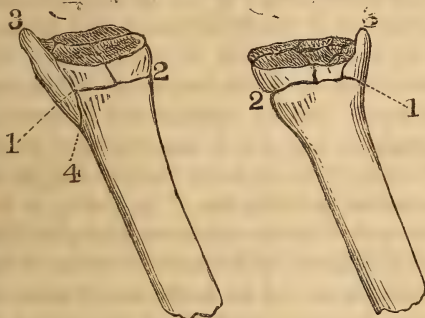
tendons, and making a transverse line through the cartilage.

2d. A split of the radius through its articulating facets for the scaphoides and lunare, directly upwards, this being generally combined with that of the first variety, just stated.

3d. A split of the styloid process and that part of the articulating face of the radius that corresponds with the convexity of the scaphoides alone, or an oblique fracture separating the styloid portion from the rest of the articulating face of the radius.

Fig. 2.

Fig. 3.



Figures 2 and 3 (drawn from nature by Dr. J. J. Woodward, of Philadelphia,) illustrate the lines of those forces, as drawn in a view from above, of the two specimens hereafter referred to.

1, 2, in both figures, shows the transverse posterior line of fracture, corresponding to the line of the epiphysis. 3, 4, is the line of fracture as created on the styloid side, whilst the lines of fracture on the articulating surfaces of each radius, caused by the forcible pressure of the scaphoides and lunare is also seen. This case therefore illustrates the three varieties, the existence of either of them being dependent on the point that touches the ground most forcibly.

The history of these specimens is important, as showing the condition of the radius immediately after the injury, and especially the line of the forces; the violence in this instance being very great, and the injury consequently more marked than usual.

For the notes of the case I am indebted to Dr. George Harlan, Resident Surgeon of the St. Joseph's Hospital, to which the patient was carried immediately after his fall.

Fractures of the Vertebrae and Radii.—

"About 11 o'clock on the morning of December 7th, 1858, I was called to see a young man who had just fallen from the window of a neighboring house. On reaching the spot I found him in the following condition:

He had a wound of the scalp, on the top and back part of the head, which bled freely, but there was no fracture of the skull, and the periosteum was but slightly torn. There was, also, a fracture of each wrist, more evident in the right, which *had rather the appearance of a fracture above the joint*, while the left had the signs of what is known as Barton's fracture, but *could hardly be called a well marked case*. There was a good deal of swelling in both wrists, but not as much as is frequently met with in injuries of the kind.

He was a stout, muscular young man, 19 years of age, apprentice to a painter, and received the fall by the slipping of the "jack" on which he sat while engaged at his work. The jack did not fall, but slipped into the position of an inclined plane, and threw him backwards by the sudden jar. The height of the fall was about 20 feet, and a fellow workman states that his head and the *palms* of his hands struck the pavement at the same time. He died the following day at 5 A. M., sixteen hours after the accident.

Post Mortem.—The first four vertebrae were uninjured, but there was a comminuted fracture of the fifth and sixth cervical. The spinous process of the fifth was split, and the transverse processes and bodies of both were broken into several pieces. There was a quantity of blood effused into the tissues of the neck; the spinal membrane was congested, but there was no effusion within the canal. There were also comminuted fractures of the radii, extending into the wrist."

The further examination of the bones was delayed until they could be macerated, when, after careful dissection, the fractures were found in the lines shown in Figs. 2 and 3.

It is worthy of remark, that though these bones were so much comminuted, a careful examination of the wrists by Dr. Harlan and myself, soon after the accident, left doubts as

to the actual seat of the fracture; the right being regarded as a well marked case of Colles' fracture, or of one at least half an inch above the articulation, whilst the left was regarded as a fracture chiefly involving the styloid process. These doubts, it should also be borne in mind existed notwithstanding the fact that owing to the paralysis, there was comparatively little swelling, crepitus being also quite indistinct. The careful dissection of the parts fully explained the difficulty, as well as showed how it would be likely to be present in all cases.

First, on turning back the skin, there was a tumefaction on the front of the radius of an equable kind, which further dissection proved to be a serous infiltration of the bursa mucosa of the flexor tendons.

Second, on the back of the wrist there was a somewhat similar and equally regular tumefaction due to infiltration of the tissues beneath the fascia. On dissecting out the extensor tendons, the fragments at once became more movable, though it was not until the posterior edge of the carpal capsular ligament was divided transversely, that the fracture became very apparent, though even now the fragments were held together by the periosteum, which was raised up from the bone to the extent of about one inch from the margin of the joint, adhering closely at its upper end. When it is remembered, that after a fracture we have always more or less bloody effusion, as well as lymph, and recollect the close attachment of the periosteum, bursa, capsular ligament, tendons and fascia, to the back of the wrist joint, it will readily be understood that no great degree of mobility of the fragments can exist, or the line of fracture be readily felt. Every surgeon has experienced the deceptive character of injuries about the head that give rise to such effusions as elevate the pericranium. A similarly deceptive sensation is, I am satisfied, to be noted in the injuries now alluded to. When the periosteum is elevated by effusions, it feels precisely like bone, and its close attachment, about an inch above the articulation, gives a positive sensation of this point being the main line of the fracture. For these

reasons, Barton's fracture is often, I think, mistaken for that known as Colles'.

Fig. 4.

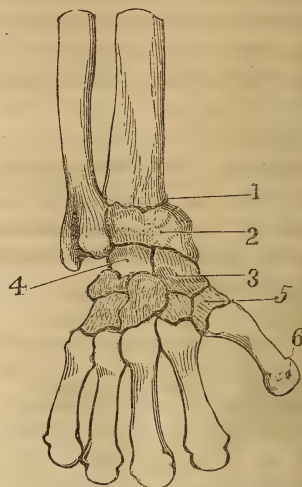


Fig. 4. (drawn from life by Dr. Woodward.) illustrates this, and is a posterior magnified view of a specimen in my cabinet.

1 is the superior line of the fracture, which is separated from the shaft by a thin beveled margin.

2, is the posterior external fragment, including the grooves for the extensor tendons; the transverse line just below the line of reference, shows the margin of the joint.

3, the scaphoides.

4, the lunare.

5, the trapezium.

6, the metacarpal bone of the thumb.

Fig. 5.

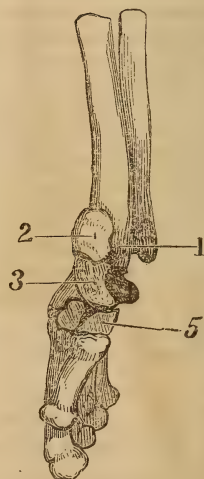


Fig. 5. (also drawn by Dr. Woodward,) is a side view of the same specimen.

1, shows the anterior face of the bone, which is sound, down to the end of the joint.

2, the posterior or dorsal fragment.

3, the scaphoides.

4, the lunare.

5, the trapezium.

The lines of Barton's fracture as has been already stated, present three varieties, yet all of these, when covered by the soft tissues,

create the sensation of the line of separation being higher up.

Fig. 6.



Fig. 6 (drawn from nature by Dr. Woodward,) shows the third variety of the fracture, the styloid apophysis, with the external and posterior margin of the articular edge being broken off.

- 1, 1, the fragment.
- 2, the scaphoides.
- 3, the styloid process of the ulna, here broken by the extreme lateral luxation of the hand.

Fig. 7.

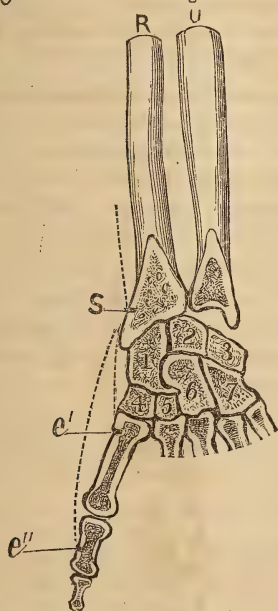


Fig. 7 (drawn by Dr. Woodward,) represents a vertical section of the carpal articulation, with the line of action of the extensors of the thumb.

R, radius. U, ulna.
S, styloid apophysis, showing the large amount of cancellated tissue entering into its composition, and its consequent weakness.

1, 2, 3, scaphoides, lunare and cuneiforme.
4, 5, 6, trapezium, trapezoides, magnum.
c', metacarpal bone of thumb.
c'', first phalanx. The dotted line shows the course of the tendons of the extensor ossis metacarpi, and the extensor secundus internodii of the thumb.

Recognizing in this manner the seat of fracture, let us next note the forces that will tend to produce the deformity, as illustrated by the preceding diagram of a section of the bones concerned.

When, then, a fracture is produced at the wrist, the deformity may ensue, 1st, upon the force transmitted through the carpus to the posterior inferior articular edge of the radius; 2d, to the extensor muscles of the forearm, which acting on the metacarpus force up the carpus, and through it the posterior margin of the radius; 3d, to the extensors of the thumb, which, as seen in the dotted line of Fig. 7, press the first phalanx through the metacarpal bone, the trapezium and scaphoides, against the external edge of the articular face of the radius, the displacement being aided by the supinator radii longus. When then this face of the radius is fractured, the natural resistance to the action of the thumb extensors is removed, and the fragment must be forced upwards until the subluxation of the hand described by Dr. Barton supervenes.

In Colles' fracture, on the contrary, the chief agent is the pronator quadratus muscle, which can have no influence in a fracture that enters the articulation. "Barton's fracture," therefore, predisposes to a subluxation of the hand externally and laterally, "Colles'" to one of the carpus anteriorly. "Colles' fracture" is apt to create the peculiar curve on the back of the hand that Velpeau has described as that of a silver fork. "Barton's" is by no means so deformed posteriorly; but both cause swelling of the anterior carpal bursa mucosa. When, then, there is a marked tendency in the hand to a lateral deviation—that is, when the hand inclines to the radial side—the probabilities are that the fracture is that described by Barton, and that the deformity is due to the action of the extensors of the thumb when the resistance of the posterior articulating edge of the radius is removed.

The close attachment of the soft tissues will, it must be remembered, render motion of the fragments so as to create crepitus, difficult; but forced inclination of the hand to the radial side will facilitate the discovery of the seat of fracture.

As the treatment of this injury by Bond's splint and compresses, or by the forearm splints and compresses of Barton, are generally known, it is useless to repeat them. Any one who studies the mechanism of this fracture will see the necessity, 1st, of resisting the action of the extensor tendons, or rather muscles of the forearm, by a graduated compress directly over the seat of fracture; 2d, of equalizing the force thus applied by an anterior compress on the carpus; 3d, by counteracting the action of the extensors of the thumb by inclining the hand strongly to the ulna. As the lacerated periosteum subsequently adheres, and the fracture is limited in its extent, callus is seldom noted in any great amount, though temporary ankylosis from inflammation of the wrist joint, of the anterior and posterior bursæ, and also from the temporary deviation of the osseous grooves for the extensor tendons, will usually last a few weeks, and require passive motion, the cold douche, frictions, &c., for its relief—this tendency to ankylosis being especially marked in "Barton's fracture."

Kameela—The New Anthelmintic.

By J. M. BOISNOT, M. D.,

Of Philadelphia.

"Kameela is the reddish-brown powder which clothes the capsules of the *Rottlera tinctoria*, one of the euphorbiacæ. This middle-sized, erect, branching tree, named after the Rev. Dr. Rottler, who resided at Tranquebar for many years, in the character of a Danish missionary, is found in the hilly parts of India, along the base of the Himalayas, from Assam to near Peshawur, in central India, at the northern Circars, in Mysore, and at Parrell Hill, near Bombay; besides in Ceylon, China, Australia and Arabia. The capsules of the fruit of this tree, which are about the size of a small cherry, are clothed with abundance of deep red granular powder, easily rubbed off, much esteemed as a dye for silk. When the capsules are ripe, in February or March, they are gathered, and the powder carefully brushed

off. Dr. Anderson, Professor of Chemistry in Glasgow University, who has written on the coloring matter of the *Rottlera tinctoria*, found it to possess a substance which he named Rottlerine. It consists of yellow crystals, having the form of minute plates, and a fine satiny lustre; it is insoluble in water, and sparingly soluble in cold alcohol. Kameela, Kameyla, Kamila, Kamala, are the different names by which writers have designated this brick-red colored powder. Mr. Hanbury states that Kameela resembles lycopodium in the difficulty with which it is mixed with water, and in the manner in which it ignites when thrown into the air over the flame of a candle. Dr. Anderson, in the Indian Annals of Medicine for October, 1855, was the first to bring this medicine before the profession. In 95 cases of tape worm treated with Kameela by him, in two only was no worm expelled. With Kameela there is no unpleasant effect. It is not even necessary to take a dose of purging medicine as a preparative; and beyond a trifling amount of nausea and griping in some instances, no unpleasant effects are experienced; while by far the greater number of persons to whom it is administered suffer no inconvenience, beyond what they would from a dose of ordinary purging medicine. The certainty of its results are thus spoken of by Dr. Gordon: 'I have never seen the remedy fail in removing the worm, in a case where there were unequivocal symptoms of its presence.'"—*Braithwaite's Retrospect*, Part xxxv, p. 263, and Part xxxviii, p. 88.

The want of an anthelmintic that could be relied on in the treatment of tape-worm, has long been felt by the public and the profession, but if we can judge by the success which has been attendant on the use of Kameela, in the hands of a few physicians, this want has been supplied, and the uncertainty of the remedies formerly used supplanted by the certainty of this.

That the existence and benefits of so valuable a remedy as this might be more thoroughly known to the profession, I have thought it not altogether inappropriate to present it to the numerous readers of the RE-

PORTER, even though my experience with it is limited to a single case.

Mrs. K., æt. 40, came under my care with the usual symptoms of tape-worm, from which she had been suffering for the last five years; her health, previous to that time, having been, as she expressed it, perfect. After a dose of purgative medicine, Kameela was given in doses of grs. x. every 4 hours: slight nausea followed each dose, but no purgation until after the fifth dose had been taken; after six doses, or 3j of the powder had been taken, a tape-worm, measuring 14 feet, came away. Since that time she has been steadily improving, with absence of all those distressing sensations caused by the presence of the worm in the bowels. In addition to the pieces passed per rectum, the most indicative symptoms were distressing pain in the epigastric region, with feeling of impending suffocation, and great depression of spirits and irritability of temper. The tenesmus and purging was excessive until the worm came away, and was attributed to the action of the medicine upon it, from the fact that ninety-two grains of the powder were given in grs. twenty-three grain doses every half hour, a few days after its discharge, with no unpleasant feeling beside slight nausea and weight, and even requiring a dose of purgative medicine to move the bowels.

The facility with which Kameela may be taken, the mildness of its operation, and, above all, the certainty of its results, are the principal features to recommend it, while its scarcity and high price in a slight degree oppose its use, but with the hope soon to see the former established, and the latter removed, we recommend it to the profession.

Resumé of a few of Ricord's Lectures of 1857 and '58, at Hôpital du Midi, Paris, on the Chancre. Article 2.

BY ROBERT BOLLING, M. D.,
of Philadelphia.

Treatment, etc.—1st. Soft chancre. From the difference that exists between the two varieties of chancre, it is clear that the treatment as well as the prognosis must also vary.

1*

The indurated chancre is infecting; it is not only a local accident, but the initial manifestation of a diathesis, the exordium of a constitutional affection.

In simple, non-infecting, soft based chancre, the ulceration is all; in indurated chancre it is of no importance, when compared with the constitutional infection. The induration is the commencement of the infection; it is the first effect of the general intoxication. As soon as it is produced, constitutional syphilis is acquired. It is the first of the secondary symptoms. An induration is the prelude of a diathesis, and it announces the infallible apparition of other constitutional accidents; before six months have passed, these accidents will have manifested themselves.

In the hard, or indurated chancre, it is clear to see that a general treatment is required, whereas the simple chancre demands only a local one. The simple chancre, though it produces no diathesis, still as a local disease is far the most troublesome of the two varieties; its complications demand much care and sagacity, and sometimes all the aid that therapeutics can furnish. The great secret in the treatment of chancre, is to reduce the specific, self-supporting and reproducing ulcer, to a simple one; by cauterization we can do this, not by a slight and superficial cauterization, but by a deep and destroying one, even going deeper than the ulcer. The choice of a caustic is not indifferent; throw aside all the slight caustics, they are only modifiers.

Ricord uses the *carbo sulphuric paste*, made by adding sulphuric acid to pulverized charcoal, until it becomes demi solid. This paste applied on a chancre, soon dries into a crust, and will remain for a week or more, and when it falls off, we have a simple cicatrizing ulcer, and sometimes even an ulcer fully cauterized. It is painful, but not more so than the actual cautery, and the like; the pain lasts a shorter time than the pain accompanying the application of other caustics.

This caustic has the advantage of modifying profoundly the tissues with which it is brought in contact. Never delay, but destroy the chancre promptly. If the caustic fails, it

is because it has not been properly applied.

One therapeutic treatment is as good as another, while the secretion of virulent pus lasts, in case of chancre which has no tendency to spread. Ricord commonly employs emollient, or slightly astringent washes, and frequent applications of dry charpie, to act as a sponge and absorb the pus; it is important to arrange the charpie so as to isolate the neighboring parts from the secreting surface. If the suppuration is abundant, and the chancre spreads, use "*aromatic wine*," it has the property to diminish the secretion, and neutralize its power, and tans, as it were, the neighboring parts.

Solution of the iodide of potassium, tincture of iodine with water, tannic acid in solution, chlorinated water, are all used, but have no specific properties. *Ferri et potassæ tartras* does seem to have some specific action on the phagedenic form of chancre. It moderates always the violence, and arrests often the progress of phagedenism.

Ricord uses it both internally and externally, the following being his formula:

R Aquæ destillatæ, 200 grains.
Ferri et potassæ tart., 30 "
 Table-spoonful three times daily.

Two dressings with the same liquid, or with charpie. A timely cauterization will prevent phagedenism. Erysipelas occurring during the existence of a phagedenic chancre, will improve and often cure it; this is not peculiar to phagedenic chancres. The dermatologists of Europe have cited its happy influence on long standing skin diseases.

Ointments are much employed by some physicians. Even Ricord remarks, and with much emphasis, that nothing is more trustful, as an application to simple chancre. The one the most employed is the mercurial ointment, the most hurtful of all, and a frequent cause of phagedenism. Mercury in any form, internally or externally applied, is hurtful, and a frequent cause of phagedenism. The particular seat of the disease modifies somewhat the treatment, as, for instance, chancre in the urethra, etc., etc.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Reported by T. A. Demmè, M. D.

Service of Dr Gerhard.

SATURDAY, MARCH 19.

Acute Rheumatism.—This patient, at the onset of the disease under which he is now laboring, was seized with a succession of cold and chilly sensations, followed by pain in the knees and arms, and a slight pain in the chest, which he refers to the region of his heart. This illustrates the important fact that, in ordinary rheumatism it is unusual for patients to suffer much pain in the chest, even when the heart is affected. Patient has but a slight degree of fever,—the face is flushed, and there is a peculiar expression of the countenance, indicative of a painful affection; pulse is frequent and vibrating; it is also somewhat irregular, a pulsation now and then being omitted. The elbows and knees are much swollen, and, in consequence of the increased synovial exudation, there is increased mobility of the patella.

Remember, in every case of rheumatism, to examine into the condition of the heart: I almost consider it culpable to omit this exploration; for in these cases we almost invariably have pericarditis or endocarditis.

Upon percussion we have dullness beyond the usual limits, but the dullness is more one of degree than of extent. In pericarditis the area of dullness is often very great in consequence of effusion; in endocarditis the area of normal cardiac dullness is very slightly increased.

Upon auscultation we at once perceive that the sounds of the heart are altered, roughened, almost approaching a sawing sound. Occasionally there is an omission of a heart beat.

We have another sound, which is diagnostic of pericarditis—a grating sound heard near the apex of the heart. Sometimes this is the only physical sign of pericarditis; but often the sound disappears, and then, after a time, returns. This is consequent upon effusion and subsequent absorption of liquid in the pericardial cavity. It is often difficult to detect this sound. It is only during the last fifteen years that I have been able to detect it when very feeble.

Pericarditis is not a disease that produces much pain: it is an affection that *per se* very seldom kills. I do not think that I have seen more than three or four cases of death arising therefrom, and yet I remember to have heard, many years ago, in this very room, that this disease must almost necessarily terminate fatally.

Treatment.—Formerly it was said that we must bleed freely, but this heroic practice is now very seldom pursued.

I generally cup, and then give opiate diaphoretics—sometimes in the form of a mixture of solution of morphia and the wine of ipecacuanha, or of Dover's powders, which latter I almost invariably prefer. In addition, Scudamore's mixture may be given. A simple diet is allowed, and quiet and rest enjoined.

Some years ago the fashion of giving citric acid was in vogue. I consider it very doubtful that this is a curative agent; a good proof of this is that it has at present almost entirely disappeared from use.

WEDNESDAY, MARCH 23.

Pleurisy—Three Cases. *1st Case.*—Breathes with great difficulty, the nostril widely dilated, the respiration frequent—about thirty times in a minute. Pulse is rapid, but not indicative of any violent febrile movement; tongue is slightly coated; bowels regular. Last night he was troubled by a cough. As a general rule, pleurisy gives rise to a peculiar *hack*, which can scarcely be called a cough.

Inspection.—Left side much dilated. The left side may be dilated, and yet not appear enlarged. This arises from the fact that the left side is almost invariably of less size than the right, and hence may be considerably dilated, and yet but equal to the other side in dimension.

Percussion.—Right side, clear; left, perfectly flat.

Auscultation.—Left side, rude respiration at the middle portion of the lung; there is, also, a friction sound at the upper portion of the lung. This sound is not heard lower down, in consequence of effusion separating the lung from the costal pleura. The friction sound is heard in inspiration and expiration.

The sounds of the heart are natural as regards quality, but unnatural as regards position. The heart is heard at a considerable distance to the right of the sternum.

Prognosis.—As a general rule this is favorable.

Treatment.—If you have a well developed and acute pleurisy, you may often bleed from the arm with great advantage. Afterwards, or in the first place, cup freely, and apply a blister over the front part of the chest. I always make use of small blisters in these cases—about three inches by four. This may seem a very insignificant size, but I believe that the therapeutic effect of the epispastic occurs during the drawing of the blister, and hence prefer a small vesicant, that may be frequently repeated.

This patient has also been ordered $\frac{1}{4}$ gr. of calomel and $\frac{1}{2}$ gr. of digitalis, every four hours.

2d Case.—This patient has had pain in the chest for three weeks. He refers the pain to the front part of the chest. Why? There is there the greatest amount of friction.

Inspection.—The left side is shrunken in.

Percussion.—The left side, a slight dullness.

Auscultation.—Left side, feeble respiration, with a friction sound.

3d case.—Patient almost well. The acute symptoms have passed away. There remains a slight dullness on percussion, and a slight friction sound.

These three cases illustrate as many important stages of pleurisy. In the first we have acute symptoms, with great effusion into the pleural cavity; in the second the acute symptoms have disappeared, and the effused liquid is being absorbed—the contracted chest is consequent upon the absorption, the lung, having been long pressed upon by the effused liquid, not expanding to fill the chest; in the third case we hear the sounds remaining during convalescence from pleurisy—the rough murmur after the storm has passed.

Transposition of the Viscera.—A patient entered the Hospital about the middle of March, in an extremely exhausted and critical condition. He was laboring under extensive dropsy, but his situation was such that no physical examination could be made, in order to ascertain the primary cause of the dropsy.

A few days after admission he died. Upon making the autopsy, a complete transposition of the viscera was found.

The *liver* was upon the left side, whilst the *stomach* was upon the right; the cardiac extremity being to the extreme right, and the pyloric about the median line, or slightly to the left thereof. This position involved a deflection of the oesophagus to the right.

The *spleen* was under the right hypochondrium.

The *pancreas* extended, as usual, across the epigastric into both hypochondriac regions, but the larger end was turned toward the left, instead of toward the right.

The *sigmoid flexure* was upon the right side, the *caput coli* upon the left.

The *heart* was almost in the median line of the body.

The *aorta* arched over the root of the right lung, instead of that of the left.

The *arteria innominata* was upon the left side, and its divisions consequently supplied the left upper extremity and side of the head, instead of the right.

To complete this wonderful transposition, the left lung was divided into three lobes, and the right into two.

Aortic Aneurism.—(See last number of the *REPORTER*.)—Upon opening the right pleura, an enormous coagulum was found occupying the posterior portion of the thorax, and forcing the lung anteriorly. Upon its exterior aspect it bore the impression of the ribs. It weighed $4\frac{1}{2}$ pounds. About a quart of serum was also found in the pleura. Immediately behind and beneath the coagulum was the aneurismal tumor.

The *aorta*, from its very commencement, exhibited the effects and changes of chronic inflammation. The color was changed; there were extensive red patches, and areas covered by exuded lymph. In the course of the arch there was an *ulcerated* spot, that had almost completely cicatrized.

Upon following the *aorta* downward, opposite the lower dorsal vertebrae, the aneurismal tumor is seen, embraced about its middle by the diaphragm. The aneurism was developed upon the posterior surface of the *aorta*. Internally, it presented a rough, irregular appearance. Its capacity was at least half a pint.

Immediately above the diaphragm there was a rupture, consequent upon an ulceration through the inner and middle coats of the aneurism; and through this opening, measuring about four lines in every direction, the fatal hæmorrhage had occurred.

[We are compelled to omit the report of the Surgical Clinics this week.]

PHILADELPHIA HOSPITAL.

Reported by Dr. T. L. Taylor.

Service of Dr. Agnew.

Resection of the Elbow Joint.—This patient was a colored boy, 13 years of age, of apparently good constitution. Two years ago he injured the joint, and giving it no attention it became painful, inflamed, swollen, and finally an abscess formed, communicating with the joint, and discharging by several sinuses; the limb is partially ankylosed, and at an angle which makes it quite useless for purposes of prehension. The predisposition of this race, at least in our latitude, is decidedly strumous, and it is probably from such a diathesis that we have the condition of parts presented. Something decided should be done, otherwise this constant drain and constitutional irritation will develop some serious organic disease. The removal of the limb is not to be thought of if it can possibly be avoided, and I have therefore determined to remove the articulation. Such a case is one in which anæsthetics become most valuable: without such the shock to the system is terrible. The indications to be had in view in the removal of the joint may be summed up as follows:

1st. To open the joint where there is the least danger to blood-vessels and nerves.

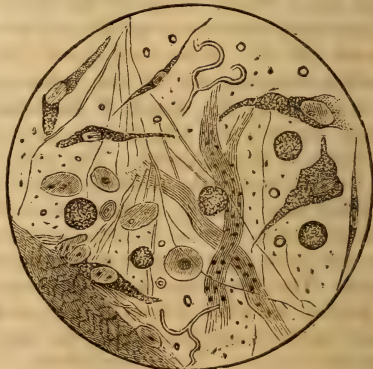
2d. To remove all diseased portions of bone.

3d. To avoid dividing tendinous attachments as much as possible.

4th. To place the limb in a position which will prove most useful.

6th. Passive motion.

To expose the parts some advise the Γ incision, others an $\{-$; the Dr. remarked that he would endeavor to accomplish the exposure by a single perpendicular incision over the back of the joint, which would have the advantage of not dividing the aponeurotic attachment of the triceps tendon with the fascia of the forearm. An incision with this object was made in the length of the limb six inches long, the flaps dissected off each way, taking care in the detachment of the internal one to remove with it the ulnar nerve, which lies deeply situated in the space between the olecranon and internal condyle; the olecranon process of the ulna was next removed, when a large quantity of pus and a brain-like matter were turned out. An examination now revealed disease of the humerus, radius and ulna. The lateral ligaments being next divided, the radius was removed as far down as the tubercle, thus preserving the attachment of the biceps muscle, the ulna as far down as the root of the coronoid process, preserving the attachment of the brachialis anticus. The humerus being isolated from surrounding parts, the entire articulating extremity was next removed. Examining the anterior circumference of the joint, the synovial membrane was found to be greatly thickened, and in order to prevent what would otherwise prove an extensive source of suppuration, Dr. Agnew remarked that he would carefully dissect this completely out, which being done the recurrent blood-vessels were ligated, the edges of the wound brought together by a few stitches of the interrupted suture, the arm placed on an angular splint, and



water dressing applied. The brain-like material, which presented so suspicious an appearance,

on being subjected to a microscopical examination, proved to be new formations of connective tissue in various stages of development, intermixed with pus, and which constitute the fungosities of English authors. The annexed cut, from a drawing by Dr. Woodward, exhibits the anatomical arrangements of its constituent parts, as seen under a power of 250 diameters.

The long spindle shaped cells with nuclei in the centre, and also the somewhat caudate ones with nuclei at their larger extremity, are examples of connective tissue cells in various stages of development. Numerous filaments of connective tissue are seen also crossing each other, constituting a complex network. The large round cells, filled with granules, are pus cells. The numerous small vesicles scattered over the field are aschersonian vesicles and granular matter. The source of these elements is the exudation into the articulation from synovial inflammation. The pus cells, and the few curled fibres of elastic tissue and fat vesicles, cannot of course be considered as part of the so-called fungosities, but result from the surrounding inflammation, and the debris of the articular ligaments, as well as a portion of the exudate itself.

It is now over four weeks since the operation was performed. Suppuration has ceased, the granulating surface is rapidly cicatrizing, the boy's health excellent, and scarcely a doubt remains but that the fullest success will follow. The treatment throughout was simply a water dressing to the wound, the best diet the house could furnish, full doses of opiates to procure rest, conjoined with tannic acid, to counteract a tendency to diarrhoea, which at first seemed disposed to occur. Passive motion is practised now at each dressing; that is to say, every two or three days.

The Remains of Hunter.—An English paper says: The remains of the great John Hunter were discovered in the vaults of the Church of St. Martin's-in-the-Fields, last Tuesday afternoon, the 7th inst., after a search of two days by Mr. Frank T. Buckland, Assistant Surgeon 2d Life Guards, son of the late Dean of Westminster. The coffin was in No. 3 vault under the church, at the bottom of many others, being in fact almost the last to be removed. It is in excellent preservation, the cloth only upon it having decayed in places. The handsome brass plate upon it is as perfect as when originally engraved; the coat of arms is uninjured, and the inscription clear and distinct. It runs as follows: "John Hunter, Esq., died Oct. 16th, 1793, aged 64 years."

Reviews and Book Notices.

A Treatise on Venereal Diseases. By A. VIDAL, (de Cassis,) Surgeon of the Venereal Hospital of Paris, etc. With colored plates. Translated, with Annotations, by GEORGE C. BLACKMAN, M. D., Professor of Surgery in the Medical College of Ohio, etc. Third edition. New York: S. S. & W. Wood. 1859. (8vo., pp. 499.)

Venereal diseases have not seemed to be a favorite subject for special study in this country, and we possess no systematic syphilography. The French appear to have a taste for this natural retribution on vice, and the French capital, with all its profligacy and misery, is, of all other regions, the greatest field for the pursuit.

The author remarks that works on this subject have been generally written with the object of establishing or overthrowing some particular doctrine, and designed only for those acquainted with the subject, but that this volume is intended for those who have but little time to devote to the study of these affections.

It is a resumé of practical facts, opinions and important details, from which all will be able to comprehend the substance of our knowledge of syphilography.

We believe the work to be what it professes, the most complete summary extant, of the views and practice of the majority of European and American surgeons, and, as such, should be in the possession of every practitioner, for all must meet with the diseases of which it treats, in some of their varieties.

Valedictory Address to the Anatomical Class of the Philadelphia School of Anatomy. By D. HAYES AGNEW, M. D., Lecturer on Anatomy, Surgeon to the Philadelphia Hospital, etc.

The subject of the address is *Application with a view to Acquirement*, and was well timed for the mind of the student, who has reached his collegiate finale, having his memory crammed with matters which are to him indigestible, on which he has never mentally ruminated, but which exist in a crude state, in a sort of mental ventriculus, ready to be regurgitated on call at his approaching examination.

The speaker's own "application" and "acquirements" are excellent evidence of his ability to give advice on such an important subject.

The address is replete with elegant classic allusion and sound precept.

Editorial.

A NEW VOLUME.

This number begins the second volume of the REPORTER in its weekly form. Our enterprise has been so well received by the profession, that we feel greatly encouraged in our labors.

For the future, we have no promises to make, further than that it will still be our aim to serve the whole profession, entirely untrammelled by personal or sectional interests. The circle of our influence in the profession is widening every day, and we hope to use that influence in such a manner as shall advance the interests of medical science in this country and the world.

This number being the first of a new volume, offers a very favorable opportunity of subscribing, which we trust that many will avail themselves of, as the increase of our subscription list gives us the means of increasing the value and usefulness of our journal. We are expending a great deal on the work, and our plans involve a heavy expenditure in future.

JOURNAL READING.

The American Medical Profession, as a class, are studious, or are at least readers. If there are not so many in this country who are deeply profound on special subjects of medicine, there is acknowledged to be here a greater diffusion of practical information among the professional masses than elsewhere. That narrow and exclusive specialism which tends so frequently to the visionary quixotic equestrianism called "hobby riding," affects our countrymen comparatively little.

There is no occupation which requires greater intellectual comprehensiveness and watchful following of scientific development, than that of the medical practitioner. It is essential, not only that he should be accomplished to some practical extent, in all the sciences which pertain to that which is in itself the utilization of almost all science, but that he should be vigilant of their progress. But

occasionally we find even the deeply learned among medical men quite uninformed on prevailing and current medical topics, or recent discoveries, though in the present state of general diffusion of information, and facility of obtaining it through the journals, such neglect should be considered unpardonable. Through that source every one, even though his field of labor isolate him from personally communing with the fraternity, can always avoid the mould and rust of disuse, and still live mentally with them, whilst all, without such reading, must find themselves dragging behind the times. Journal reading is the *esprit du corps* of medicine, and there are none thoroughly interested in its great objects, who do not read the journals.

A well conducted journal is the current history of medical progress. Most, if not all medical discoveries, are first announced in the journals; the subject is discussed, and the general appreciation of the profession, as to its merits, set upon it long before it is recorded in the heavy tomes of the standard authorities of our science. The liberality which ever characterizes the toiling medical votary, induces him to publish freely, and at once, to the world, the result of his labors; and every physician who feels that his profession is a mission of mercy under guidance of the light of science, will strive at least to keep up with a knowledge of its advancement.

Such will be the character of the medical progressive; but the non-progressive is satisfied with the past; he is lost in the veneration for things of yore. He ignores the present, and wrapped in the stiffened cerements of a living death, looks not forward to the bright dawning future. He stands among the living only as the cold cenotaph which stories up dead memories, and pores over long gathered and dried leaves and flowers, whilst around are teeming new growths, blooming fresh and fragrant from the well tilled soil of science.

It is generally acknowledged that there are now in this country more medical periodicals than can be properly sustained. If we review the history of journalism, we will be inclined to come to the conclusion that medical journals

are generally ephemeral productions; that the natural term of journal life is short; that a few struggling years have carried a greater number than now exist, from the prattle of infancy to the garrulity of age and a lethean death. Their demise may have resulted from congenital feebleness or inanition, or have been produced by causes entirely extrinsic of their merits. Some have existed with but the fickle reliance of mere local interest to support them, and some were supported, at a loss, by a publishing house or a medical college, for the mere purpose of advertising their interests, and continued only as long as pecuniary policy dictated. Still, there are in this country a number of medical journals which are very efficiently and honestly conducted, with great labor on the part of the editors, with slight remuneration; are fair exponents of the views and opinions of the profession generally, and have at heart its general good.

In conclusion, we would say to every one who claims himself to be an integral of the medical profession, *read the journals*. To the tyro it will be taking the tide of medical progress at its flood; by it the indolent will have his curiosity awakened to still further reading, the investigator incited to more intense research, the learned made more profound, and the status of the whole profession elevated.

SCHOOL HYGIENE.

The world is a stock market, life the commodity, men, women and children gamblers in stock, while death is the banker, with an absolute certainty of winning all the stakes. The strong prey upon the weak. Thus, not far from sixty per cent. of the mortality of cities occurs before the twentieth year of life. The worshippers of Moloch cast their children into the arms of the hideous idol, whose hidden fires soon devoured their innocent victim, whose shrieks were drowned amid the clangor and din of unearthly music—Hindoo mothers throw their offspring into the sacred river, a votive offering to their gods, and complacently witness their struggles in the jaws of the river monster.

We have a Moloch—a sacred river, at whose shrine are being offered the most vigorous shoots and the fairest flowers that flourish in our family gardens. But we, more refined in our cruelty, allow our victims to obtain pleasing visions of future enjoyment and usefulness—let high hope take possession of their soul, and then crush out their young lives by exacting of them an amount of mental labor far beyond their strength and years, under circumstances very unfavorable to health.

Is not our Public School System, in respect to the health of both teachers and scholars, as at present managed, feeding the bills of mortality at a fearful rate? A spirit of pride and parsimoniousness in the management of these schools, is annually sacrificing numbers of lives. Many who enter them with fair prospects of health, long life and usefulness, die outright while striving to gain admission into the High or Normal Schools, while many more suffer the total loss of health, and drag out a few years of miserable existence, and then sink into a premature grave.

Believing that it is quite as much the province of the physician to point out the means of saving life and preventing sickness, as to cure disease, we propose, in this and succeeding numbers of the REPORTER, to examine into our public school system in a hygienic point of view, with the hope of being able to suggest improvements.

In this number we have room for a few remarks only, on the Construction of our School Houses. It is a remarkable fact, that in constructing our school houses, in common with nearly all our public buildings, reference is had rather to architectural display and economy of space, than to the health of those who resort to them; if either must be sacrificed, it is health. The sanitarian has no voice in the matter, and the architect having in view only a fine building in external appearance and internal arrangement, one that will be a good advertisement for him, constructs it with little or no reference to health. Thus, in the construction of the new Houses of Parliament, the British Government secured the services of that eminent practical sanita-

rian, Dr. D. B. Reid, whose ventilating apparatus had given such unbounded satisfaction in the temporary halls of legislation, which were constructed after the conflagration of October 16, 1834, when the Houses of Parliament were destroyed. But the architects of the new Houses so entirely disregarded and altered Dr. Reid's plans and recommendations, sacrificing them to architectural display, that that gentleman was constrained "to protest against the injurious interference to which the more essential provisions and features of his plans were continually, unnecessarily and capriciously subjected." Dr. Reid, however, fortunately for the health of the members, had sufficient influence with them to leave his impress upon the new buildings, and measurably to carry out his plans. It is a significant fact, however, that the architect received the empty honor of knighthood, while the sanitarian was honored with—the witness of a good conscience.

The first thing that strikes the eye on entering our public school buildings is the faulty mode of egress, the doors and passage ways being so constructed that in case of a panic among the children from any cause, as an alarm of fire, the danger to life is imminent, as we have in two or three instances of late years had lamentable opportunities to learn. It is true that in some of the more modernly constructed school houses this objection is measurably removed.

In respect to the internal arrangements of the school rooms, we think they are entirely too small for the healthful accommodation of the scholars who are crowded into them. They are generally, we believe, filled to their utmost capacity, and it is not an unusual thing to see 250 or even 350 children closely seated in a room, which has a capacity of atmospheric air for not more than half that number. Each child requires nine or ten cubic feet of air a minute in order sufficiently to oxygenize the blood. Now it is apparent that where so many are congregated together, the same volume of air must be respired and re-respired, until it is so loaded with carbon as to be poisonous, and therefore entirely unfit for respiration. But,

we are told "The rooms are ventilated." Aye, and how?—by lowering the upper sash of the windows, thus exposing many of the children to currents of air which, under some circumstances are exceedingly detrimental to health, and often occasion attacks of acute disease.

The arrangement of the seats and desks in many of the school rooms is exceedingly faulty. Seats without backs, seats too high and desks too low, and children crowded too closely together, all calculated to compel them to sit in constrained positions, much to the detriment of their health, which, especially in the young, demands *expansion* of body and of limb, and support to the wearied spine. As illustrative of the *discomfort*, to say the least—which attends the use of such seats, we know of an instance in which a lively, impulsive girl, rushed to her teacher's seat, exclaiming "You *must* let me walk up and down the room three times, for my back aches so, I shall go crazy." In this case the demands of nature broke through all restraint in an otherwise tractable, obedient and respectful scholar. Other children of a different temperament would have suffered in silence—and gone crazy!

The heating arrangements are also in many instances very faulty, and the children in one section of the room often suffer from the hot air of a furnace or of a stove, while others are exposed to draughts of cold and damp air from a neighboring window, which is used as a ventilator.

But we have exhausted our space this week, and must on a future occasion return to the consideration of other topics in connection with this subject.

A HOSPITAL FOR WOMEN IN PHILADELPHIA.

One of the great wants of this city is a Hospital for Women. If any of our readers will consult his visiting list he will find that a very large proportion of the sickness and suffering that he is called on to relieve occurs among women. In the medical wards of our hospitals a large proportion of the beds are occupied by women, notwithstanding the fact that men

apply for admission more freely than women do, and though the male sex preponderates largely in all commercial communities. And the general practitioner knows—for he meets with them in his daily walks—that there are scores of sick women who require care and attendance that it is impossible for them to receive at their homes, and who are not willing to be taken into the wards of a general hospital.

Those who live in our lanes, alleys, courts, and “avenues,” from whom the pure air and light of heaven is excluded, are sick, when they are sick, at a great disadvantage. Hundreds of women are languishing life away in these miserable tenements, the prey of curable diseases, who, if they could be removed to the cheerful wards of a well conducted hospital, where they could receive proper medical attendance, *nursing* and *sympathy*, would soon recover their health, be restored to their families, and be *able* to minister to their wants.

We are informed that applications are frequently made at the Nurses' Home in this city by women who are suffering from curable disease, but who must be turned away because there are no accommodations there for them. We believe that if the means could be secured to establish a hospital at once, containing as many beds as the Pennsylvania Hospital, they would all be occupied by women who are now suffering from diseases which, from the circumstances and influences that surround them, it is impossible to have properly and successfully treated at home.

The funds of the Preston Retreat are in such an embarrassed condition, and not likely, as we learn, to be available for some time to come, and the object of that institution being a special one, and one sufficiently important of itself to command the sympathies of the public, we think that something may and ought to be done in this city of 600,000 inhabitants to organize permanently a commodious and well appointed hospital for the general treatment of diseases peculiar to women. Nay more, we think we can say that there are persons of ample means in this city who are

sufficiently interested in the matter to warrant their being approached on the subject, and we hope at no distant day to be able to chronicle the fact that vigorous measures are on foot for the establishment of such an institution on a lasting foundation.

We expect on another occasion to return to this subject, and give some statistics in connection with the diseases of women, and the general laws which govern the amount of sickness among them to a given population.

It will be observed, by reference to the cover, that single numbers of the REPORTER can hereafter be obtained at MR. V. F. HARRISON'S Medical and General Portrait Gallery, No. 33 south Tenth st., a few doors above Chestnut.

Subscriptions may also be made at Mr. Harrison's.

✎ We have on hand Reports of discussions before the County Medical Society and the Northern Medical Association of this city, and several communications, which will receive early attention.

Correspondence.

Chicago, March 18th, 1859.

DEAR REPORTER:—Quite an excitement in the profession of our fast young city has grown out of a movement for a new medical college. You will probably recollect that Dr. N. S. Davis has for several years advocated the plan of dividing teaching terms, and the branches taught, in rather a different manner from the usual college routine. Together with some other medical gentlemen of Chicago, he now has an opportunity to put his notions to the *experimentum crucis*. It would be tedious to enter into a minute detail of all the circumstances which have brought about this matter, and now I only propose giving you an outline of the plan, and the names of some of the men engaged in the enterprise.

The new school is almost organized, and is to have eleven chairs. The first five is to be taught to the junior class, during a term of

twenty weeks, of four lectures a day. They are as follows: 1st, Descriptive Anatomy; 2d, *Materia Medica* and Therapeutics; 3d, Inorganic Chemistry; 4th, Physiology and Histology; 5th, Pathology and Public Hygiene. The second course is to be taught from six chairs: 1st, Organic Chemistry and Toxicology; 2d, Surgical and Regional Anatomy and operations of Surgery; 3d, Medical Jurisprudence; 4th, Principles and Practice of Surgery; 5th, Practice of Medicine; 6th, Obstetrics and Diseases of Women and Children. The Professors of Surgery and Practice of Medicine will also do clinical service at the hospitals.

This course is to continue through twenty weeks, also, in which there will be four lectures a day. To graduate, it will be necessary to attend both courses not in the same year; to have studied three years, &c., or to have attended one course elsewhere, and the last or practical course here, or to have practiced four years and attended the last course here. Drs. Davis, Johnson and Byford, of Rush Medical College, have withdrawn from that institution, and joined the New College. The design of this system of teaching is to make it more thorough, by preparing the student for the practical branches, by giving him a good knowledge of the more elementary, before he commences their study. Every preparation will be made and a beginning effected this fall.

Drs. Davis and Byford retire from the *Chicago Medical Journal*, and Dr. Brainard will take charge of it. So you see there is quite a change in matters medical here. I may at some future time, not very distant, give you more in detail the plan and its execution. For the present I will subscribe myself, your most obedient servant,

X. X. X.

LEXINGTON, KY., March 19, 1859.
IN MEMORIAM.

Messrs. Editors—

The telegraph of the 17th inst. heralded over the western world the mournful intelligence of the death of DR. THOMAS D. MUTTER, Emeritus Professor of Surgery in the Jefferson Medical College of Philadelphia, at Charleston, South Carolina, on the 17th day of March, 1859.

The announcement of such an event is well calculated to excite a thrill of sorrow in every American bosom, which will vibrate in mournful tones upon European hearts, devoted to learning and the noble art of surgery.

A brilliant luminary in the great medical constellation—glorious in its own splendor, and deriving reflected beauty from revolving planets—has set in the darkness of an endless night. A *life-boat*, which long has floated in gracefulness and usefulness, secured in a peaceful haven, and often shot out in the howling storm rescuing many, many a shipwrecked crew from the perils of a *pestilential* storm, has been cut loose from its moorings, and has drifted far away into the unknown ocean of Eternity.

He died in the golden meridian of his days, in the "Palm City" of the sunny South, whither he had journeyed to retrieve the sinking inroads which his disease had been for years making upon him. And though of his last moments I am, as yet, uninformed, I do well know that around his couch were gathered hosts of grateful and admiring friends, yea, pupils of former, brighter days, "when life was young and hope was high," who vied with each other in the last acts of tenderness and love, ere Death's cold seal was stamped upon his noble brow.

And it may not be altogether inappropriate that I should add a word of humble testimony to his worth—that I should utter a syllable of kind remembrance and affectionate regard—that I should pluck, with loving hand, from the garden of a grateful heart, the *geranium* and the *rose*, the *heliotrope* and the *japonica*, and strew them upon his bier.

My acquaintance with this learned physician and celebrated surgeon, commenced in the lecture room of the Jefferson Medical College, in the Spring of 1852; and while I recount his manly form and noble bearing, his intellectual face, his kind and genial manner, I convey but a slight conception of that eloquent style and research, wisdom and learning with which his lectures were ever filled—dignity and grace of address—concise and beautiful diction—apt and happy illustrations, which endeared him as a *teacher*—the skill and neatness, tenderness and sympathy characterizing his operations, which embalmed him forever in the hearts of the thousands of the purest citizens and best physicians of our country, who sojourned in Philadelphia to enjoy the wisdom and learning which flowed from his eloquent lips. This, as well as many acts of *personal kindness*, justify my affectionate remembrance of him—my teacher, my friend, now no more—and warrant this public mention of his worth, and sorrow at his untimely death, leaving for an abler hand the

special biography of this great and good man, which will be read and remembered, loved and honored, and cause the name of *Thomas D. Mütter* to become a house-hold word of American Surgery, as long as *learning* and *worth*, *honor* and *usefulness* shall be *esteemed* and *cherished* and *preserved* among men.

L. B. TODD.

Periscope.

FOREIGN.

The Physiology and Pathology of the Thymus Gland.—(From the German, by T. A. DEMME, M. D.)—A valuable contribution to our knowledge upon the above subject has been made by Dr. Alex. Friedleben.

After years of patient and toilsome labor, he has presented to the profession a most concise and complete essay upon this obscure subject.

We condense the following:

Development of the Thymus.—At the very beginning the thymus appears as a very narrow strip of blastema, a remnant of the blastodermic membrane, lying along the carotid vessels; this is about the 5th or 6th week. Between the 6th and 8th week, small vesicles bud out on every side. The attachment becoming more and more contracted, until a little cellular tissue is all that connects each vesicle with the primitive strip, now membrane—this cellular tissue serving merely as a connecting *band*; there is no tubular arrangement. The vesicles increase by branching into twos and fours. *Every vesicle or cell is a distinct, independent unit.*

From the time of the first appearance in the embryo the thymus increases in length. This increase is more marked after birth than during embryonic and foetal life. After the 25th year the length decreases until the gland is entirely absorbed.

The absolute weight of the thymus increases until the end of the second year, then remains stationary until puberty; and between 15 and 25 years of age it gradually decreases, and after 25 a very rapid diminution takes place.

The specific weight greater during the embryonic state—decreases until the time of birth, then steadily increases until the end of

the second year, after which it again diminishes.

This is the reverse of what takes place in the liver and spleen.

Secretion—most active at the end of the first year of life; still considerable during the second year and continues, lessening from day to day until puberty, when it is almost suspended. The secretion of the thymus consists of a liquid, crowded with granules, and presenting all the appearances of a nutritive fluid: it gives an *acid* reaction. This fluid he has also found in the vena thymica, but not in the lymphatics.

The quantitative analyses of the gland give the interesting result that after the embryonic state the earthy phosphates predominate, until the time of the thymus involution, when the alkaline phosphates are in excess. This is particularly interesting inasmuch as the reverse obtains in most of the other organs.

Epidemic Diphtheria.—The London *Lancet* contains a report on diphtheria, which traces its origin to a period long antecedent to Hippocrates, and nearly cotemporary with Homer, it being known then as *Malum Egyptiacum*. It refers to similar epidemics in Rome, (A. D. 380); in Holland, 1337; in Spain, 1600; in Naples, 1619, when out of a small population it carried off five thousand persons. Diphtheria it would appear ravaged New York city in 1771 and 1813. The deaths of Washington and the Empress Josephine are attributed to it. From careful study of the French epidemics since that of Tours in 1824, diphtheria would appear to have traversed nearly all the departments, passing from the south littoral districts toward the centre. The epidemics which appear most closely to resemble those which have occurred in England are those of Paris and Boulogne in 1856.

Both in England and France diphtheria has shown itself regardless of meteorological, climatic or cosmic influences, and careless of limitation, heat, cold, dryness and moisture. Its course has been from the southeast counties toward the centre of the country, and then toward the north. Its violence appears to be equally aggravated by domestic uncleanness, certain predisposing individual conditions, and want of hygienic arrangements.

Diphtheria is said to be eminently contagious; so that the first precaution should be the complete isolation of the patient attacked.

AMERICAN.

Anæsthesia in Insanity.—Dr. John E. Tyler, Superintendent of the McLean Asylum, in his last annual report, says of the use of ether in the institution:—"It is daily proving itself a valuable agent in the treatment of insanity. So far as I have learned, no accident or uncomfortable occurrence has ever resulted from a discriminating use of a pure article. The object of etherization with us, I hardly need say, is the tranquilization of the nervous system—the producing of sleep—or, if not sleep, repose; and therefore, in the various forms of mania, melancholia, and hypochondria—of which persistent and protracted vigilance is both an attendant and feeder, and consequent exhaustion endangers life, and where, as is often the case, all ordinary medication has proved utterly unavailing—ether is found to be invaluable and effectual, causing more than a mere temporary effect of quiet and sleep, by a general soothing and curative influence on the system."

Nursing Sore Mouth and Disease of the Uterus.—Dr. M. M. Pallen of St. Louis, (*St. Louis Medical and Surgical Journal*), in some remarks on stomatitis maturna, speaks as follows of the connection between this affection and uterine disease:

"From the uniformity with which I have met with disease of the uterus in stomatitis maturna, I have concluded that it plays an important part in the production of the disease. I suppose that the affection exists prior to the sore-mouth, and pregnancy or lactation, as the case may be, increases it to such an extent that gastric derangement results, and this is followed by the trouble in the mouth. This view is supported by analogy. Disease of the womb very often produces severe gastric derangement. Often, too, stomatitis is produced by gastric derangement, both in children and in adults; and, moreover, I have seen sore-mouth in females laboring under disease of the womb and dyspepsia, when they were neither pregnant nor nursing a child. I have noticed that when a female has had nursing sore-mouth with one child, and it returns with the birth of a second one, she has suffered during all this time with the symptoms of uterine disease; and if the uterine affection be cured the disease does not return with a subsequent pregnancy, or lactation.

In view of these facts, in the treatment of stomatitis maturna I direct my attention to the condition of the womb, at the same time at-

tending to the condition of the stomach. One of the most valuable remedies to relieve the acidity of the latter, as well as to restrain the diarrhœa, is the sub-nitrate of bismuth, in ten grain doses, to be taken after each meal. When the diarrhœa is very severe, I use some astringent—in combination with morphia. Dr. Barker strongly recommends glycerine in half table-spoonful doses, four or five times per diem. Strict attention must be paid to the proper kind of diet."

Classification of Diseases of the New York Eye Infirmary. By F. J. Bumstead, M. D.—Dr. B. (*N. Y. Jour. of Med.*) reports four thousand two hundred and nine cases of diseases of the eye and ear, treated at the infirmary during the year 1858.

Accompanying his classification, is their method of treatment. We observe nothing new, with the exception of the use of tannic acid and glycerin in granular lids, claimed as having been first introduced by C. R. Agnew, M. D., of the Infirmary. Proportion a drachm of the former to an ounce of the latter.

Dr. A. M. Slocum, Chief Resident Physician of the Northern Dispensary of this city, late of Cincinnati, informs us of having first used tannic acid in water, for the same disease, in 1851. He has since been applying it in cases under his charge, and reports favorably.

Dr. B. gives two formulas of the Eye Infirmary, which are probably used more than any others, where a mercurial and tonic are required, viz:

- | | | |
|----|-------------------------------|--------------|
| R. | Hydrarg. cum cretæ, gr. ij. | |
| | Quiniae sulph., gr. i. | |
| | | M. ft. pulv. |
| R. | Hydrarg. cum cretæ, gr. ij. | |
| | Quiniae sulphatis, gr. i. | |
| | Pulv. ipecac et opii, gr. iv. | |
| | | M. ft. pulv. |

In cases of iritis these are invaluable. Dr. B. finds the ophthalmoscope indispensable. "The slightest shade of lenticular or capsular opacity can be detected long before the cataract is visible to the naked eye." They find it especially reliable in amaurotic cases, to form of prognosis.

The "Spanish Apple."—Dr. T. Morton Lyle, of Gonzales, Texas, (*N. O. Med. News*) recommends the Spanish apple—*Malvaviscus Drummondii*—as a valuable addition to our catalogue of demulcents and emollients. Dr. Lyle uses the root, though the whole plant

abounds with the mucilaginous principle. He regards the mucilage as superior to that of the *Cactus Opuntia* or the *Ulmus Fulva*. He employs it internally in cases in which demulcents are indicated, and externally in the form of cataplasms, ointments, etc. Why might there not be an official ointment prepared from it—*Ung. Malvavisci*—to occupy the place of the *Ung. Althææ* of the British pharmacopœias, which is certainly a useful preparation.

Double Vagina and Os Uteri.—Dr. Stickel of St. Louis reports (*St. Louis Medical and Surgical Journal*), a singular case of anomalous formation of the vagina and uterus. Having occasion to make a vaginal examination in a patient, he found a double vagina and double os uteri.

The septum dividing the vagina was oblique in direction—in relation to the natural passage—commencing close to the clitoris on the right side, and stretching down to the centre of the labia on the left, forming a perfect partition through the whole length of the vagina, and at the termination of each passage was a perfect and complete os uteri. The patient said she menstruated from each passage alternately, but never from both at the same time; she did not say whether the alternation was regular. She had borne one child.

Medical News.

 *To Correspondents.*—The circulation of the REPORTER, reaching as it does every section of our land, offers an excellent vehicle for communications of general interest to the profession. These will be acceptable in proportion to their brevity, their general interest, and their freedom from personalities.

New subscribers will please *be particular* to write their own name, post office, county and State, PLAINLY. We have no time to spell out bad chirography.

DR. JAMES ROBERTS, of Carbondale, Illinois, and DR. CALVIN WEST, of Hagarstown, Indiana, will receive subscriptions and communications, and forward them to us.

The money must invariably accompany the order for the REPORTER. Send current paper, postage stamps, or gold, secured between cards, which should be firmly pasted together.

German Hospital in London.—There is in London a German Hospital, which accommodated seven hundred and sixty patients in the year 1858, one hundred and forty-two of whom were suffering from recent accidents. Since the opening of the Hospital in October, 1845, eight thousand two hundred and sixty-three patients have been admitted.

There are also three German Dispensaries in connection with the Hospital, through which eleven thousand five hundred and fifty-three patients were attended last year.

The object of the institution is the benefit of the poorer class of the German population in London.

All the “ics,” “tics,” “lics,” “isms,” “cisms,” “ists” and “pathies,” are said to be compounded into what is called *Eclectic*, which is therefore the most comprehensive of them all, and at the same time the least original. Most other fallacies spring up at once, create a great sensation and often stagger and stun even the intelligent, by the startling novelty of their propositions, bewilder the unwary by the immensity of their promises, and then die out. But the Eclectics keep themselves alive by swallowing everything which happens to turn up, until they have become, like Macbeth’s caldron, an extraordinary conglomeration of such incompatibles as Injun doctoring, Dutch homœopathy, water cure, electropathy, physio-medicalism, etc. With such a variety of baits they hope to allure those of every variety of medical taste. And they have *colleges* too to manufacture the article. These are mills which bring forth real “yarb doctors” from the crudest material, in an incredibly short time, reminding us of a machine said to be recently invented, into one end of which goes the whole hog and speedily from the other comes out “link’d sweetness” in the shape of sausages.

There is a feeble *college* of the kind in this city, which holds an existence as if under the sedative and nauseating influence of "lobelia," but Cincinnati is entitled to the claim of being the *centre* of that variety of empiricism.

Died in the Wool.—A curious suit has been brought against a chemist in Newcastle, England, to recover the value of a flock of seven hundred sheep which were poisoned under very peculiar circumstances. The sheep after being clipped, were dipped in a chemical solution bought of the defendant, and then turned out into a large field. Immediately afterwards a heavy rain occurred which washed the solution from the fleece into the grass of which the sheep eat, and they nearly all died. A donkey and an ox, which grazed in the same field, also died. Seventy thousand dollars damages were awarded to the plaintiff!

Iodized Food.—Dr. Bionet, of the French Academy of Medicine, in a recent paper asserts that scrofula and other cachexiæ, may be removed by introducing iodine into the general diet of the patient. He proposes to do this by making iodized food, compounded of such plants as contain iodine, as sea-weeds and cruciferous plants, and introduced into bread, cakes, syrups, etc.

The Registration bill for this city, now before the Legislature, we learn passed the lower House without opposition, on Wednesday, and has probably by this time passed the Senate, with the addition of an amendment, proposed, we believe, by Dr. Hays, requiring the age, and place of nativity of parents.

Gov. Morgan, of New York, made the following nominations on Wednesday:—For *Health Officer* of the city of New York, Dr. ALEXANDER GUNN, of New York; for *Resident Physician at the Marine Hospital*, Dr. JAMES H. JEROME, of Trumansville. The former office is estimated to be worth at least \$25,000 a year.

An Albany correspondent of the *N. Y. Times* gives the names of fifteen physicians who were candidates for the office, among whom we notice such names as Drs. Gurdon Buck and Blakeman, of New York, and Cogswell, of Albany. Such appointments are usually made on the score of political availability, rather than of capability to discharge the duties of the office to the best advantage.

The following is a tabular statement of the results of medical teaching in this city the past winter, as already published in detached items in former numbers of the **REPORTER**:

	Matriculants.	Graduates.
University of Pennsylvania,	410	140
Jefferson Medical College,	570	256
Penn'a " "	130	33
Philada. " "	70	19
Penn'a Coll. of Dental Surgery,	48	25
Philad'a Coll. of Pharmacy,	88	21
Totals,	1,316	494

Humboldt.—The *New York Medical Press* publishes a recent letter from this remarkable man, who now in his ninety-first year, retaining still the highest mental ability, stands preeminently as the very ideal of natural, mental and physical endowment, unequalled energy, and intense, unselfish, life-long application to almost every department of science. He seems a colossal embodiment of the science of the life-times of three departed generations, and some of his greatest achievements were accomplished before most who are now living were born.

The letter alludes to the death of Müller, the distinguished physiologist, and solicits interest in the proposed transfer to and sale of his library in this country, a large portion of which, it is probable, will eventually reach this city.

His style of correspondence is that of youthful vigor, and amounts, he says, to twenty-five hundred letters a year.

A conference committee of the Legislature of this State has agreed upon a bill changing the mode of electing Boards of Guardians of the Poor in this city. The bill provides for the election of nine members—three to be appointed by the Supreme Court, three by the District Court, and three to be elected by the City Councils.

The *Dental News Letter* is agitating the subject of employing dentists in the army.

The American Dental Convention at its last meeting appointed a committee to memorialize Congress on the necessity for military dentistry, who alluding to the sufferings of armies from teeth affections, during lengthy marches and exposure, remark that "the soldier has as much need for his teeth as for his limbs, and we are quite sure that he does more eat-

ing than fighting, and should therefore be furnished with the needful appliances for the effective performance of the former, as he is for the latter."

We learn that Dr. J. J. Woodward intends giving during the summer an elementary course in Physiology, illustrated by experiments and vivisections.

The first lecture will be delivered in Dr. Agnew's lecture room, (College avenue, Tenth street, above Chestnut street,) on Monday afternoon, April 4th, at 3½ P. M.

MARRIAGES.

LARISON-FISHER.—At Ringoes, N. J., on the 9th of March, by Rev. J. Kirkpatrick, D. D., G. H. LARISON, M. D., of Dolington, Pa., to Miss SARAH Q. FISHER, of Ringoes, N. J.

DEATHS.

ALCOTT.—At Auburndale, Mass., March 29th, WILLIAM A. ALCOTT, M. D., a well known author and physician.

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 *in advance*; single copies, *ten cents*. THE REPORTER will only be sent to those who pay for it. *Notice will be given to subscribers at the termination of their subscriptions.* Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office N. W. corner of Seventh and Arch streets.

S. W. BUTLER, M. D., } Editors.
R. J. LEVIS, M. D., }

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

THE

Boston Medical and Surgical Journal.

A Weekly Medical Journal of Thirty Years Standing!—The Boston Medical and Surgical Journal was commenced as a weekly periodical in the year 1828. During nearly the whole of the time, to the present year, it has been the only weekly periodical of the kind in the United States, and has circulated in every part of the country. There has been no intermission in its regular issue during these thirty years, and it now counts over SIXTEEN HUNDRED consecutive numbers, and is approaching its SIXTIETH volume. Its predecessor, The Boston Medical Intelligence—also a weekly periodical—was begun in 1823 by J. V. C. Smith, M. D., then Professor of Anatomy in the Berkshire Medical Institution, was issued from the same office till the year first named, when it passed into the hands of Professors Warren, Channing and Ware, of the Medical School of Harvard University, took the name of the present work, and was for awhile edited by those gentlemen. On a change of editors, it became disconnected from the Medical School, and has ever since remained so—being in all respects *independent* in its associations, and with no interests to advance but those of the regular profession to which it has always looked for support. It is now under the Editorial management of Wm. W. Morland, M. D., and Francis Minot, M. D., who are honorably connected and in good fellowship with the Faculty of Boston, and are allowed the free use of whatever of general interest can be obtained from the various medical institutions of the city. From individual Members of the Profession, not only in Boston but in other and distant parts of the country, valuable literary aid is constantly received, and it is believed no Medical Journal has ever excelled it in the number and respectability of its contributors. The Editors make it their constant aim to present weekly, from the ample sources at their command, a variety of matter which will prove serviceable to the general practitioner, with brief notices of whatever of interest is occurring in the medical world.

The work has at different times been enlarged, and now comprises, in each of its weekly issues, twenty large octavo pages of reading matter, stitched in a cover containing Contents and Advertisements. A Monthly Series is also issued, and is sent to subscribers who prefer the work in that form. Price, for either series, \$3 00 a year, payable in advance. Orders by mail promptly attended to. New volumes commence in February and August of each year. A few complete sets of the Journal, from its commencement, at a reduced price, uniformly bound, may be had of the subscriber.

DAVID CLAPP, Proprietor and Publisher,
over 184 Washington Street.

BOSTON, Dec. 13, 1858.

114-127

SCHAFER & KORADI,

South-west Corner of Fourth and Wood Streets,

Have on hand—

Rokitansky,	Pathologische Anatomie, 3d ed., 1st vol.
Hyrtl,	Anatomie des Menschen, 4th ed.
	Topographische Anatomie 4th ed.
Bok,	Anatomischer Atlas.
"	" Taschenbush.
Hassall,	Diagnostik.
Canstatt,	Mikroskop, Anatomie.
Virchow,	Specielle Pathologie und Therapie.
Kiwisch,	Pathologie und Therapie.
Scanzoni,	Geburts Kunde.
Sobernheim,	Geburtshilfe.
Aschenbrenner,	Arznei mittel lehre.
Hennig,	Die neun Arznei mittel.
Günther,	Kinder Krankheiten.
	Lehre von den blutigen Operationen.

They have every facility for prompt importation.

122

THE MEDICAL JOURNAL OF NORTH CAROLINA

Is issued on the first of every alternate month, and contains one hundred pages of printed matter

Each number is made up of Original Communications, Translations, Bibliographical Notices, Selections, a Therapeutical Record, Editorials, and Miscellaneous Articles.

TERMS.

Three dollars per annum, payable invariably on the receipt of the first number. A limited number of advertisements inserted on liberal terms.

EDWARD WARREN, M. D.,
Edenton, N. C. 122 Editor.

ADVERTISEMENTS.

NATHAN STARKEY,

MANUFACTURER OF

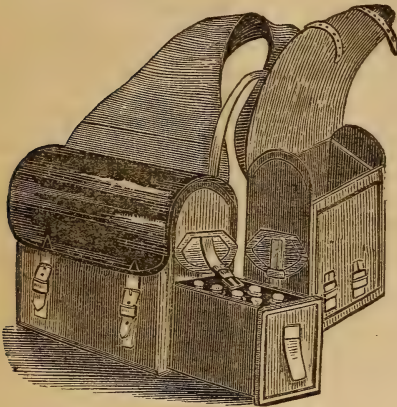
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11, " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 41 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 " "	19 00
No. 3, " 43 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " "	8 50
No. 8, " 15 " " " " "	6 50
No. 9, " 14 " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mountings, and superior finish.

118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS]

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments.

118

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses and within one square of a Passenger Railway.)

PHILADELPHIA.

This institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M.D.

Consulting Physician,—PROF. SAMUEL JACKSON, M.D.

Application for admission may be made to the Attending Physician daily, (Sundays excepted,) from 11 to 12 o'clock. Applications in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, Sec'y,

No. 107, t. f.

Box 1738, Philadelphia P. O.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,
32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph P. Hancock, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " " "
A. Hewson, M. D., " " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Lewis, M. D., " " "
Isaac Hays, M. D., " " "
P. B. Goddard, M. D., " " "

118

A NEW VOLUME!!

THE SECOND VOLUME

OF THE

MEDICAL AND SURGICAL REPORTER

(NEW SERIES.)

Will begin with the issue of the first week in April, making this a favorable time to subscribe.

In that, or the succeeding number, we shall begin the publication of a Series of Illustrated Articles on

REGIONAL ANATOMY,

in its relations to Medicine and Surgery.

This Series will be followed by other papers on PHYSIOLOGY, URINARY DISEASES, ETC. We shall also continue the publication of HOSPITAL REPORTS, DEBATES BEFORE MEDICAL SOCIETIES, ETC.

Having effected an arrangement by which we shall be in the early receipt of Foreign Medical Periodicals, we shall be able to keep up with the times in our Weekly Periscope and Medical News Department.

Communications respectfully solicited.

PHILADELPHIA SCHOOL OF ANATOMY, COLLEGE AVENUE.

SUMMER ARRANGEMENT.—This School furnishes every facility for the study of *Human Anatomy*—having large, well ventilated dissecting apartments, with abundance of material; lecture rooms and museum. The *anti-septics* now employed, enable the student to prosecute Practical Anatomy as well during the summer as the winter months.

Course of Instruction.—Three lectures will be delivered each week, on Descriptive and Surgical Anatomy, commencing about the 1st of April and continuing, with the usual mid-summer recess, until the 1st of October.

Practical Anatomy.—The Anatomical Rooms will be open every day from 7 o'clock, A. M., until 6 o'clock, P. M. The Lecturer, or his Assistants, will be constantly present to assist gentlemen in their dissections.

The Summer Term of Dissections will end on the 1st of September. Fee for the course, \$10.

For other information, apply at the Rooms, or to

D. HAYES AGNEW, M. D.,

No. 16 North Eleventh Street

PHILADELPHIA SURGEONS' BANDAGE INSTITUTE,

(PATRONIZED BY THE MEDICAL FACULTY.)

No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED IN 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also a new and superior article of Silk and Cotton Elastic Stockings. (Without lacing.) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lase Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartment for Ladies, under the superintendence of Mrs. Everett

126-y.

J. M. MIGEOD,

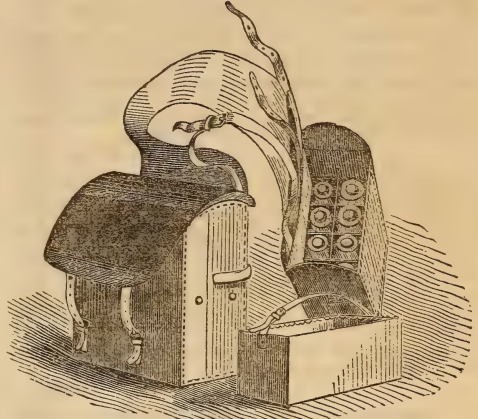
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley.)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
No. 2, containing	12 1 1/2 oz. " " and	\$9 50
	10 1 oz. " " and	8 50
No. 3, containing	8 1 1/2 oz. " " and	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " "	9 50
No. 6, " "	16 1 oz. " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " "	9 50
No. 9, " "	16 1 oz. " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1 1/2 oz. " " "	
" " "	4 Pots, " " and	\$19 00
" " "	1 Mortar, " " "	
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1 1/2 oz. " " "	
" " "	4 Pots, " " and	\$15 50
" " "	1 Mortar, " " "	
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1 1/2 oz. " " "	
" " "	4 Pots, " " and	\$12 00
No. 4, containing	20 1 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " "	
" " "	18 1 1/2 oz. " " "	
" " "	4 Pots, " " and	\$20 00
" " "	1 Mortar, " " "	
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " "	
" " "	14 1 1/2 oz. " " "	
" " "	4 Pots, " " and	\$16 50
" " "	1 Mortar, " " "	
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1 1/2 oz. " " "	
" " "	4 Pots, " " and	\$13 00



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

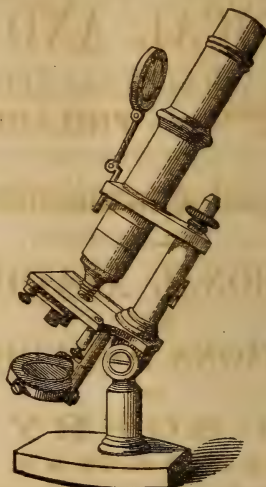
Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—ly

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA COLLEGE OF MEDICINE.

SUMMER LECTURES, 1859.

THE SUMMER OR SUPPLEMENTARY COURSE OF LECTURES in this College will commence on Monday, the fourth of April, and continue about twelve weeks. Three Lectures will be delivered daily, (Wednesdays and Saturdays excepted,) upon the following subjects: Anatomy, Diseases of the Eye and Ear, Diseases of Infants, Therapeutics, Pharmacy and Toxicology, Chemistry, Medical Jurisprudence, and other important branches.

Medical, Surgical and Obstetrical Clinics will be held on Wednesdays and Saturdays.

Fees for the full Course, \$35.

Tickets will be free to graduates and to those who have taken the perpetual ticket, or have attended two full courses of Lectures in this College.

LEWIS D. HARLOW, M. D.

Dean of the Faculty,

Philada., Mar. 17, 1859. 126 Fifth Street, below Walnut.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin Square. Artificial Teeth in entire or partial sets; Obturators. Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

127

DR. McCLENACHAN'S

MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
No. 129.

PHILADELPHIA, APRIL 9, 1859.

{ NEW SERIES,
VOL. II. NO. 2.

Original Communications.

REGIONAL ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 1.

In order that a description and comprehension of the body in its relations to medicine and surgery shall be clear, it is necessary to adopt some general divisions of our subject. The contemplation of the human form very naturally suggests one which has been long recognized by writers, viz. that into the *head, neck, trunk and extremities*. These again admit of being divided into smaller territories, usually denominated *regions*. The external characteristics should form the first subject of examination. The soft parts being laid upon an unyielding base, (the skeleton) to a great extent assume its form; hence the prominences and depressions which appear over the surface become invaluable to the surgeon, serving as undeviating landmarks, whereby to guide his knife or determine the nature of accidents. The importance of a thorough study of the human superficies cannot be too strongly insisted upon. Every part has its proper normal physiognomy, and it is only when this is really recognized that alterations can be properly appreciated. Especially does this truth apply with ten fold force when considered in relation to the articulations of the body. The vertebral column, the centre of the skeleton,

has attached to its superior extremity the *head*. This consists of two portions, the *cranium*, a hollow chamber for the accommodation and protection of that large mass of neurine, the cerebral axis or centre, and the *face* for the organs of sense. It is this region which shall form the subject of the following paper. The simplest division of the cranial region, and sufficiently accurate for every practical purpose, is into a *superior* or arch, an *inferior*, and two *lateral* regions.

The *superior region* will be circumscribed by lines connecting the following topographical points. Commencing at the nasal tuberosities at the root of the nose, and following the upper margin of the orbits to their outer termination or external angular processes; from thence along the temporal ridges to the mastoid processes of the temporal bone, and thence to the external occipital protuberance on the occipital bone.

Fig. 1.

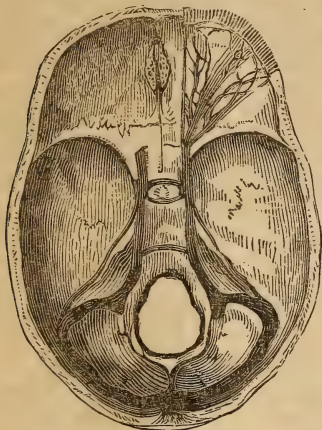


The *lateral region* will be indicated by taking the curved line of the last corresponding to the temporal ridge as the anterior, superior and posterior boundaries, and connecting its extremes by a base line, extending from the outer part of the orbit along the zygomatic

arch to the posterior part of the mastoid prominence of the temporal bone, as the inferior boundary. The form of this region is that of an arch resting on a base. The lines exhibiting these two regions in profile will be seen in Fig. 1.

The Base, or Inferior Region.—If a section should now be carried through the cranium, corresponding to the supra-orbital ridges, zygomatic arches and occipital protuberance, all below such section would form the *base* of the cranium. Fig. 2 represents this section.

Fig. 2.



Each of these regions presents two surfaces, an *external* or cutaneous, and an *internal* or cerebral. Over the former is placed the scalp, the anatomical constituents of which will be described in their proper order. When it is considered that the cranium is entrusted with the high office of accommodating and protecting the brain, we might naturally expect to find an amount of functional adaptation, corresponding to its importance. Every constituent external to the encephalon, including scalp, bone, membranes and fluid, while it has its own individual specific function to discharge, contributes also in some degree towards the office of cerebral preservation, and while the effect of the various parts separately may be apparently unimportant, yet the result of their combined action is very great and indispensable. Let us first notice some of the most prominent connected with the osseous framework of the cranium.

When the nervous system reaches a certain degree of elevation in the developmental scale, there is provided a simple cartilaginous tube, or one of segregate parts, placed along the axis of the body constituting the vertebral column, in which is lodged the spinal cord. The presence or absence of this structure is the foundation for the erection of the animal kingdom into two great divisions, the *vertebrata* and *invertebrata*. As we continue to rise in the animal scale, do we find additions, developments and modifications, from the upper extremity of this spinal cord, little by little, until it reaches a bulk and perfection corresponding to the human brain, and forming with the cord the cerebro-spinal axis. The foramina, which give exit to the spinal nerves, are in serial relation to those which transmit the cranial nerves, and the membranes which surround the spinal centre extend so as to compass the cerebral centre. At the inferior or pelvic extremity of the spine the resemblance of the sacrum and coccyx (though formed of solid pieces) to the other parts of the vertebral pillar, cannot have escaped the notice of the most superficial observer; hence the name *false vertebræ*. Proceeding on the above facts, since the days of Peter Frank, anatomists have been disposed to look for corresponding analogies between the pieces composing the cranium and vertebral column, and hence we speak of the *cranial vertebræ*, or, according to Cuvier, cranial zones. The cranium consists of eight separate pieces, which, by this homologous interpretation, form a certain number of vertebræ, having all the elements expressed, either in a maximum or minimum degree, of the other pieces of the spinal column, and only departing from their obvious family affinities in appearance rather than fact, in correspondence to the great magnitude of the cerebral ganglia. These several pieces are connected by sutures, most of which are serrated, some beveled or scale like, and having interposed an encrustation of cartilage. The mechanism resulting from such an association of parts is well calculated to decompose a force applied to the head, by scattering its vibrations among the serrations of these sutures, and

proves likewise an efficient means of limiting the extension of fractures. The general mathematical form of the cranium, being rotund, is that most favorable to the diffusion of force, upon well known philosophical laws.

The composition of the bones present us another beautiful provision, tending towards the same great end. They are tabular, being made up of three superimposed laminae, each differing in texture, and of course in their capacities for vibratory conduction. The external layer or table is tough, and exhibits in its linear elevations a fibrous appearance; the internal table is smooth and very hard, often called the vitreous layer, and the intermediate one, composed of large open cancelli, forms the *diploe*. By the time, therefore, that an impulse communicated to the head passes through the first layer, scatters its momentum through the cells of the second, and traverses the third, its power to injure the cranial contents has been very greatly diminished. The ingenious and conclusive experiment of Dr. Physic, familiar to every student of anatomy, with a series of balls, one of which being made of cancellated bone, is alternately interposed and withdrawn, with a view to demonstrate the influence of a physical arrangement of particles upon forces, will convince the most ignorant of the value of introducing such a material as the diploe into the cranial walls. There is probably no better place than the present to introduce one or two practical deductions based upon such structure. *First*—a depression of the external table does not necessarily impose an encroachment upon the cranial chamber, as such depression may exist at the expense of diploic condensation. *Second*—there may be a fracture of the internal table, with or without compression, without any structural solution in the continuity of the external layer, for the reason that the former is much more brittle than the latter. In a case which I was compelled to trephine at the Philadelphia Hospital, some time since, a very good exemplification of this fact was seen, in the existence of a beautiful stellate fracture of the internal, without any fissure of the external table.

In this diploic structure, thus enclosed, there exists a very intricate plexus of blood vessels, more especially of veins. The walls of these veins or sinuses are extremely thin, and depend very much for their strength upon the bony channels through which they ramify. In the very young subject they, as well as the diploe itself, are by no means so well marked as in adult life: the former being exceedingly numerous, but of very small calibre; the latter imperfectly developed. Each bone has a system of its own, so long as they remain distinct; but form communications when they become united, as in advanced life. They communicate freely with the veins of the scalp, the sinuses of the dura mater, and the meningeal veins, and are destitute of valves. Their relation, structure and communications with the intracranial circulation serve as diverticula when it is over-distended, thus exercising a conserving agency by preserving an equilibrium of blood pressure. Such a direct communication between the intra and extracranial blood vessel system, should lead us to expect very decided results from local blood letting and blistering, in cases of meningeal or encephalic inflammations. When a trephine is applied to the cranium, the diploe informs the surgeon of his progress by the free hemorrhage which wells up when the instrument reaches its vessels.

If the surface of the cranium be examined, it will be seen to present certain parts more exposed than others, and therefore more likely to receive blows. These are in front, behind, and on the sides. To compensate for such exposure, arches and abutments are wisely provided. Thus, by reference to Figs. 1 and 2, *ridges*, in front, will be seen running from the root of the nose outwards along the upper part of the orbits; higher up, the *frontal eminences*; behind, the *occipital* protuberance; inside, the *crucial ridges*; and on the sides, the *temporal ridges*.

The articulation of the head is full of instruction. It is connected to the vertebral column through the occipital bone with the atlas and axis, and, as seen in Fig. 3, a very large portion appears to be in front of its pillar

of support. So far as volume is concerned this is true, but in respect to weight it is very

Fig. 3.



drops upon the breast in fainting, death or sleep. The connexion between the head and the vertebral column admits of flexion, extension, rotation, abduction, adduction and depression.

The first two are effected by the connexion between the condyles of the occipital bone and the atlas, and when violence is applied in front or behind, and there is no resistance other than the simple inertia of the head to overcome, it will recede so as to diminish the force of concussion.

The second movement, or rotation, results from the atlo-axoid connexion. If now the side of the head be exposed to a blow, in front or behind the line of support or centre of gravity, it will spin round upon its axis like a top.

The third movement I have called *adduction* and *abduction*, and can only occur at the expense of the spinal column. To admit this there are placed between the laminae of the vertebrae elastic ligaments—the ligamenta subflava. If now the force be received at the centre of gravity, it cannot retreat by rotation, but only at the expense of the spine, which it does in consequence of these ligaments.

The fourth movement, or depression, follows from the cartilaginous discs between the bodies of the vertebrae, which serve as elastic cushions, allowing the bodies to be driven together. This is exceedingly important; for when a force is applied upon the top of the head, the top of the spine is the point of resistance, and even the slight condensation of that column goes a great way in preventing fractures at the cranial base. When a force is communicated to the spine from the other extremity of the body, as when an individual falls from a height and lights upon his feet, the occipital condyles become the point of resistance, and in addition to the organization of the column already mentioned we have a large amount of cancellated tissue, and several curves, to neutralize and decompose the vibrations.

As the brain is symmetrical, consisting of two halves, so the cranium which encloses it is likewise a duality. The line of

nearly balanced, preponderating, however, somewhat forward, as is seen when the chin

this separation is seen in the *frontal* and *sagittal* sutures, which may be regarded as one under the name of the *median*. The anterior portion, that connecting the two halves of the frontal bones, disappears in early life in the great majority of cases. In this suture, up to a period varying from two to four years, membranous spaces exist called *fontanelles*, forming important cardinal points with the *accoucher* to determine the position of the foetal head in the pelvic cavity. The *anterior one* is the larger, *quadrangular* in form, and is placed between the angles of the frontal and parietal bones: the *posterior one* is triangular, and placed between the angles of the parietal and occipital bones. In a skull now before me, three of these spaces exist, and all in this median suture. In hydrocephalic skulls these spaces are very large, and the sutures very wide asunder. The anterior fontanelle offers a very good point to tap the ventricles, in cases where, from dropsical accumulation, that operation becomes imperative, and should be entered on one side of the median line, for reasons to be hereafter mentioned.

Besides this median, there are the *coronal*, *lambdoidal*, with its two branches, and the *squamous* sutures, with the position of which it is presumed the reader is acquainted. In the lambdoid frequently, and occasionally in the other sutures, there exist little osseous islets, which having, it is believed, been first described by Wormius of Copenhagen, are called Wormian bones. They do not exist until six or seven months after birth. Sometimes they are let in, as it were, to the depth of the external table and diploe, resting on the vitreous layer, but more generally have all the layers of the other bones. The chief practical point connected with their existence is not to confound them (as is said to have been done) with fractures.

As age advances the sutures frequently all become closed up, so that the cranium becomes almost a single piece, a hollow shell, and of course less suited by the change either to defend itself from extensive fractures, or its contents from violent concussions. So, also, in the aged we have diminution in the thickness of the cranial walls, con-

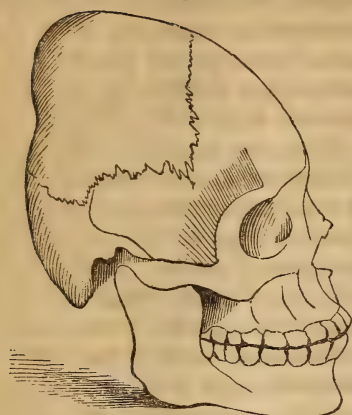
stituting *senile atrophy*, which may be either very circumscribed or general. In such cases the diploe disappears, and the two tables approximate each other until the bones become very thin and translucent. For this reason, in part, blows that in younger subjects would pass harmless, may do irreparable injury in the old, and should make the practitioner cautious in committing himself to an opinion.

Long continued attacks of neuralgia of the nerves of the scalp sometimes, it is said, produce a wasting of these bones. I think it will be found that the thinning of the cranial walls generally corresponds to that portion where the scalp first becomes bald. Certainly there, under such circumstances, the blood-vessel supply would be diminished. *Hyper-trophy* is frequently observed. Only one variety shall be mentioned in this place, as we need yet for the elucidation of others a farther advance in the demonstration of structure. That to which I refer takes place in cases where there occurs atrophy of the brain. A very beautiful example of this variety is figured in Mr. Paget's work on surgical pathology—a similar specimen of which is in my own collection. In such cases the internal table follows the receding brain, not by becoming thicker, but by an expansion of the cells of the diploe, so that the latter appears to be very greatly increased in thickness.

Alteration in form.—We do not propose to speak of those which are typical of race. Those to which we refer are generally due to mechanical causes. Some of these operate from without. Thus, where there is a disproportion between the foetal head and the pelvis, or where the forceps become requisite to extract a child, the great mobility of the bones may admit of their becoming so changed in their relations to each other as to be termed out of shape. Time generally corrects such deviations. Or it may be a change of form, produced by long continued mechanical pressure, as practised by certain nations, as represented in Figs. 4, 5 and 6.¹

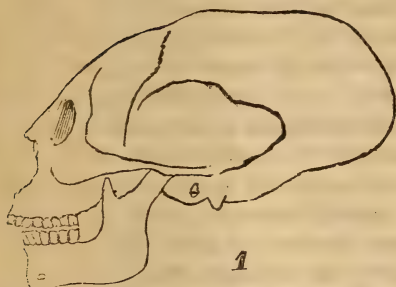
¹ Catalogue of Human Crania in the collection of the Academy of Natural Sciences of Philadelphia. By J. Aitken Meigs, M. D., etc., etc., to whose courtesy I am indebted for the use of the three following cuts.

Fig. 4.



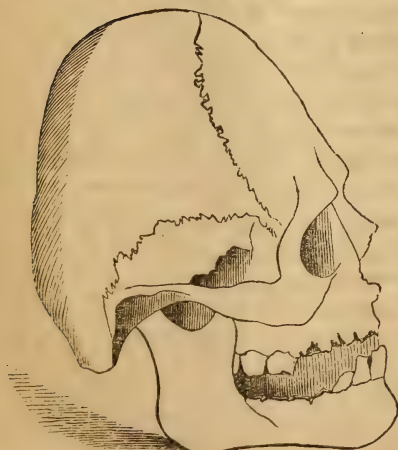
Natchez Indian.

Fig. 5.



Kowalitsk Indian of Oregon.

Fig. 6.



Indian Cranium (Chilian).

brain, or what is more frequently seen, hydrocephalus. This has been described as a hypertrophy, but the term can scarcely be considered as accurate, for while the superficial area of the skull is greatly increased, exceeding, in some cases, two feet in circumference, yet the weight or increment of the bones is not, being only expanded.

On Tuberculosis and its Treatment.

No. 6.

By GEO. J. ZIEGLER, M. D.,

Physician to the Home for Invalids, for Diseases of the Chest, Philadelphia.

2. *Air*.—To insure organization, or the normal transformation and vitalization of the alimentary matter, and to promote healthy disintegration and depuration, as well as the numerous other processes concerned in life action, a due supply of the elements of the atmosphere is required. As, therefore, these chemical or aeriform agents are essential elements of the economy, means are provided whereby the requisite quantity may be introduced therein and placed in such relation to its liquid and solid components as to promote most efficiently their intimate admixture and perfect combination. A knowledge, therefore, of the constitution and properties of the atmospheric air, and its relations to the living economy in both health and disease, is not only of much interest, but of great practical value. In order, therefore, to more fully appreciate these properties and relations, it will be necessary to examine them somewhat in detail. But as a minute investigation thereof is somewhat too extensive for our present purpose, we shall merely refer to some of those points which appear to be most intimately connected with the special subject of inquiry in which we are now engaged. The questions, therefore, in this connexion, which seem to be most worthy of special consideration, relate to the quantity, quality or purity, density, humidity and temperature of the air. In order, however, to obtain the most correct view of the subject in both its general and special aspects, and to arrive at just conclu-

Then again there are causes acting from within, as an excessive development of the

sions, it will be requisite to examine these different conditions separately.

a. Quantity.—The quantity of the atmospheric air required for the various purposes of life is regulated by the size, activity and functions of the organism. In the normal state there is a due relation between the quantity of the alimentary matter and the quantity of the atmospheric air introduced into the body. This is in a definite proportion to the quantity of blood formed and required, the rapidity and character of the nutritive and disintegrative metamorphoses and depurative processes, and the nature, activity and functions of the organism. Hence it is just as essential for the purposes of existence that the economy should receive its due proportion of atmospheric air as of aliment.

The transformation of the food is essentially a chemical process, requiring for its perfection the elements of the atmosphere. A due supply of atmospheric air is, therefore, indispensable for the nutritive metamorphosis and perfect assimilation, and not only for these, but also for disintegration and depuration, and the various other processes connected with organization, as well as the higher and more ultimate purposes of life. There is, therefore, a definite and fixed proportion between the quantity and character of the food and the quantity and purity of the air, the activity and perfection of the alimentary transformation, histogenesis, disintegration, depuration, and other well known processes, and the general integrity, energy and activity of the entire organism. Indeed, all other things being equal, this relation between the quantity and character of the food and atmospheric air, and the vigor, regularity and perfection of the nutritive, disintegrative, and other indispensable processes of the economy, seems to be as definite and positive as that between the quantity of fuel and measure of air or draught required for its chemical modification and perfect combustion. Thus in reality, aeration seems to stand in the same relation to alimentation and life action generally, as the air or draught does to combustion and its attendant phenomena.

If, then, the economy does not receive its

due quantum of air necessary for the modification and ultimate conversion of the alimentary matter into organized structure, and for the various other purposes of life, derangement and even death will more or less rapidly ensue. Whenever, therefore, a disproportion is thus caused between the processes of aeration and alimentation, defective metamorphosis and hæmatisis, depraved histogenesis, imperfect disintegration, and various other derangements frequently occur. Thus the healthy equilibrium of the organism is often destroyed, and the hæmatisis, nutritive, and other vital operations so deranged as to cause disturbance of the general system and the development of various forms of adventitious matter, and especially that of a tuberculous nature. It is in this way that tuberculosis is so frequently engendered and tuberculization actively promoted. Indeed, there is probably no one cause so active in the development of the tuberculous disease as anaeration by the privation of air. In proof of this is the fact that it may be brought on almost at pleasure both in man and the lower animals, by destroying the balance between aeration and alimentation, either by the privation of air or an excess of food.

A prerequisite, therefore, to prevent or remove tuberculosis, is a full and free supply of atmospheric air. Hence, those predisposed to or afflicted with this affection, should be provided with an abundance of this salutary agent, and for this purpose they should, if possible, be so placed as to obtain with the least exertion the maximum quantity of this necessity of life. Hence, also, for the same purpose, every one thus threatened or afflicted should be out in the open air as much as possible. To insure also the necessary supply of this aeriform agent at other times, all dwellings, and especially those occupied by tuberculous persons, should be so constructed as to admit of an abundance and free circulation of air throughout every part, without causing sufficient draught to prove injurious. It is thus apparent, that for the preservation and restoration of health a due supply of air is of as much importance as that of aliment; indeed,

if anything, it is of more immediate consequence, as life can be longer continued without food than without air. Hence, as much if not more care should be taken to secure a full and constant supply of fresh, pure air, as there is to furnish the necessary quantity of food; for, in reality, as just intimated, life will be sooner destroyed by a privation of air than of aliment. In fact, starvation or its equivalent is just as positive in the one case as in the other, differing only in kind and degree.

In the tuberculous disease it is, however, often more easy to supply the requisite quantity of air than to introduce it into the body and cause its appropriation or the necessary chemical combination. For, in the first place, those organs through which aeration is principally effected are frequently so much diseased as to be incapable of performing their usual functions, and thus of furnishing the economy with its due quantum of air. In the second place, even when the air is introduced into the circulation, hæmotosis, cell action and general nutrition are often so imperfect, or so much in abeyance, that proper combination does not take place. In this way a process of more or less gradual asphyxiation, as well as of actual starvation, is often going on, though in most cases this latter difficulty of anaeration by deficient combination does not in general become so predominant until a more advanced state of the disease, when the systemic temperature and vital forces sink below that point requisite for the proper degree and character of chemical action essential to organic metamorphosis, general nutrition, disintegration, and the various other necessary processes of life.

This state of asphyxiation is, however, usually so apparent, even from the beginning, that it has attracted general attention; and, as a consequence, various means have been resorted to, to obviate the evils resulting therefrom, and, if possible, thereby remove the disease altogether, prominent among which is forced or voluntary respiration. Though founded upon correct principles, this procedure is, in the main, of doubtful propriety. Nevertheless, in the first stage of tuberculosis, before the pulmonary organs are infiltrated with tuberculous

matter, it may prove of sufficient benefit to restore the equilibrium of aeration and the normal condition of the general system.

But when, after tuberculization, these organs are charged with this adventitious matter, it is a very doubtful measure, because, in the first place, it is unnatural, and cannot be kept up for a sufficient length of time and degree of regularity to supply the requisite quantity of air and preserve or restore the equilibrium of aeration; in the second place, it is so fatiguing to the mind and body as to unduly tax and greatly exhaust their energies. But besides these, a still greater objection is that it is absolutely injurious and destructive of the pulmonary organs themselves, as it unduly exercises and overtaxes them while in a diseased and disabled state, and thus promotes their more rapid infiltration and disintegration. Nevertheless, as a due proportion of the atmospheric air is essential to the preservation and perfection of the various processes of aeration, alimentation, disintegration and depuration, and other important functions necessary for the continuance of life and restoration of health, a sufficient quantity of it or its elements must be introduced and combined in order to meet the wants of the economy. Various modes may be adopted for this purpose, the principal and most important of which will be noticed hereafter.

b. Quality or purity.—It is not only requisite to supply an adequate quantity of air to the economy, but that it should be of good quality, and hence both fresh and pure. Impure and vitiated air of all kinds and degrees is more or less active in the production of tuberculosis, as well as many other forms of disease, and necessarily injurious in aggravating it or them when they already exist. The necessity for an abundance of fresh and pure air to prevent or remove this disease, is therefore so apparent that it is scarcely necessary to further urge its importance. Hence, every process or source of impurity capable of modifying or contaminating the air respired by those afflicted with, or having a tendency to the tuberculous disease, should be carefully avoided, and, if possible, removed. The air

may, however, be contaminated from within as well as from without, and often is, by the morbid exhalations from the pulmonary organs themselves. In this condition measures should be taken to purify the system, and neutralize or destroy, as far as possible, the poisonous matter which is thus being so constantly generated and absorbed. For this purpose various agents may be resorted to, and employed both internally and externally, to which a more particular reference will be made at another time.

c. Density.—Another point of much interest in its relations to tuberculosis is the density of the air. It is well known that this varies in different parts of the globe, and also in the same region, according to the distance from its surface and the level of the sea. Besides these there are many frequent and sometimes sudden variations of density caused by meteorological and other influences. The influence of the density of the atmosphere upon the vital economy is very great, and has necessarily a very important bearing upon the vigor and intensity of life action. As a general rule, this varies according to the degree of density. All other things being equal, then, the greater the weight or density of the atmosphere, the greater the vigor and activity of life and capacity of the organism; and conversely, the more rare and less dense it is the less the vital intensity and energy. Life can, however, be supported in a somewhat rare as well as in a dense atmosphere, as within certain limits man and other animals have a definite range and capacity of existence. Also a certain capacity of endurance with regard to the fluctuations of density, though sudden changes thereof are usually more injurious than the more gradual ones, even if somewhat extreme, as the system has time and capacity to adapt itself to this modified condition of the atmosphere.

In its special relations to the disease under consideration, it does not appear that mere density alone has that intimate connexion with tuberculosis that *a priori* conclusions would lead us to believe. Observation has shown that this disease is not only somewhat infrequent, but even sometimes unknown in coun-

tries in which the air is of different degrees of density, and especially in some of those in which it most nearly approaches its minimum, as well as in those nearest its maximum density. While, therefore, it is obvious that an air materially rarefied would deprive the system of its due proportion of that essential element, and thus aid in the development of tuberculosis, it is thus shown that it does not necessarily occur as a consequence. Hence, as the deficiency would be in proportion to the tenuity, there must be some compensatory action in order to preserve the equilibrium between aeration and alimentation, and the other functions of the body. This consequent deficiency of the air is, therefore, doubtless compensated for by the greater exposure to its influence, more frequent respiration, and more active nutrition, disintegration and depuration, because this rare condition is so generally associated with other states of the atmosphere that promote these and other processes, and encourages those habits of life which produce a state of health antagonistic to this affection. While, therefore, the density of the air does not, *per se*, appear to be so intimately connected with the tuberculous affection, it undoubtedly exercises more or less influence in its development, and, *cæteris paribus*, it occurs more frequently in a light or rare than in a heavy or dense air. Hence, all other things being equal, the use of a dense air is preferable to a light one in the prevention and treatment of this disease.

d. Humidity.—The influence of a humid state of the atmosphere upon the animal organism is a matter of common observation. Its effects are, in the main, depressing and injurious. These effects are sometimes strikingly shown, and its relative influence may be traced through the different degrees of moisture from comparative dryness to more or less complete saturation. It checks cutaneous and pulmonary transpiration, and secondarily diminishes cell action and nutrition, retards capillary and general circulation, modifies hæmotosis, impedes absorption, impairs digestion, and thus interferes with and deranges formative and disintegrative metamorphoses, aeration, excre-

tion, and other essential functions, and causes general relaxation and inanition. Unless, therefore, the renal, hepatic and intestinal emunctories become sufficiently active to compensate for the deficiencies of the skin and lungs, derangement of various kinds and degrees ensue. These derangements often give rise to tuberculosis. Humidity of the air thus exercises a powerful influence in the production of this disease. In fact, it is one of the most active and frequent causes of its development. It is, in the main, very prevalent and destructive in all moist atmospheres of every degree of temperature, from hot to cold. On the other hand, a dry air, of all degrees of temperature, is, in general, both preventive and curative of phthisis. It comparatively rarely occurs, and is even unknown, while it is frequently removed where this latter condition of atmosphere prevails. As a general rule, therefore, a dry atmosphere, of all degrees of temperature, is most useful for the prevention and resolution of this disease. In some cases, however, characterized by irritability of air passages and impressibility of general system, a somewhat moist air exercises a more beneficial influence, for a time at least, and should therefore be preferred.

e. Temperature.—This condition of the air, in its relations to the disease in question, is also of much interest and great practical value. It is found by observation that, *per se*, the temperature of the atmosphere of every degree compatible with life, from the most intense heat to the severest cold, acts upon the animal organism in a manner apparently antagonistic to that condition which gives rise to the development of tuberculosis. This view is in opposition to former convictions on the subject, but its correctness is established by the fact that phthisis is almost if not quite unknown in both very warm and very cold climates, as well as in those of intermediate grades of temperature. It is also shown by the fact that it is often removed by a sojourn for a shorter or longer period of time in places of different degrees of temperature, from the highest to the lowest, and in both extremes. Of the different degrees of temperature, that

approaching the low rather than the high seems to be most beneficial in the prevention and resolution of this disease, and the preservation and restoration of the healthy integrity and energy of the economy. Hence, as a general rule, a somewhat cold rather than a warm atmosphere is most desirable, and should be preferably sought by those threatened or afflicted with the tuberculous affection. A somewhat equable is, however, more beneficial than a very variable temperature, though usually a prolonged exposure to a limited range is not so salutary as a greater diversity. The selection in this, as in all the other conditions of the atmosphere, must, however, be influenced by the peculiarities of the particular individual, the stage, type, intensity, and complications of the disease, and other considerations.

General Conclusions.—The following propositions seem to be legitimate deductions from our present knowledge on this subject.

1. That the quantity of the air required for the wants of the animal organism is in due proportion to its size, energy, activity and functions.
2. That this quantity is definite and fixed, and in relative proportion to the quantity and character of the food, rapidity of the nutritive and disintegrative metamorphoses, and activity and perfection of depuration.
3. That thus aeration and alimentation, disintegration and depuration, are in intimate dependence upon and close relation to each other.
4. That a deficiency of air or an excess of food, or a disproportion between the quantity of alimentary matter and atmospheric air introduced into the economy is a very active and frequent cause of tuberculosis.
5. That conversely this disease is a frequent consequence of the derangement of disintegration, alimentation and aeration from imperfect depuration.
6. That hence for the prevention, amelioration or resolution of this disease, the relative proportion between the food and air, and the due relation between aeration and alimentation,

disintegration and depuration must be preserved or restored.

7. That for this purpose there must not only be the requisite quantity of air, but that it must be fresh and pure, as impure and vitiated air are very frequent and potential causes of phthisis.

8. That therefore a constant and full supply of fresh and pure air is an indispensable prerequisite for the prevention and successful treatment of this affection.

9. That in the main a somewhat equable is better than a very changeable atmosphere, though it should be sufficiently variable to cause a free circulation and general purification of the air.

10. That a heavy or dense air is much more active in preventing or resolving the tuberculous disease than a rarefied or light air.

11. That a moist air of every grade of humidity and degree of temperature is more or less active in the production and acceleration of this disease, though a moderate amount of humidity is sometimes protective and partially sanative.

12. That a dry air of every degree of temperature exercises a powerful influence as a preventive and curative agent in this affection.

13. That the temperature of the air is, *per se*, very potential in preventing, mitigating and resolving the tuberculous disease, though in general a cool is much more beneficial than a warm air. They may, however, be occasionally alternated with advantage.

14. That this potentiality of temperature is demonstrated in part by the fact that tuberculosis is not only infrequent, but even unknown, in climates of different degrees of temperature, and in both extremes of hot and cold.

15. That, *cæteris paribus*, therefore, an abundance of pure, dense, somewhat equable, cold, dry air, is most useful in the prevention, mitigation and resolution of the various forms and degrees of tuberculosis.

—o—

There will be an election at the meeting of the Board of Guardians of the Poor, on Monday afternoon next, of Assistant Resident Physicians for the Philadelphia Hospital, to supply vacancies.

Pancreatics.

By GEO. W. LAWRENCE, M. D.,
of Catonsville, Md.

For several years I have carefully looked for some satisfactory essay on the pancreas—its office, diseases, symptoms and remedies. The healthy action of the pancreas is very important to the animal economy. Its agency in the process of digestion is plainly marked, and its derangement distinctly defined. Digestion is a chemico-vital action, under the nerve force of the ganglionic system, and controlled by temperature. The food, partly moistened by the salivary fluid and glands of the mouth, after deglutition, is acted on in the stomach by the gastric fluid in digesting the mass (especially the fibrine, albumen, caseine and protein compounds) into chyme. The next agency takes place beyond the stomach—intestinally, where the chymous mixture mingles with the pancreatic fluid and bile. There we find digestion of the fatty, farinaceous and non-nitrogenous material (suitable for nutrition) formed into chyle, and the undigested part precipitated or separated as fecal matter.

Organically, the pancreas is liable to inflammation, acute and chronic; hypertrophy, atrophy, induration, softening, melanosis, carcinoma, tuberculosis; fatty, calcareous and cartilaginous degeneration; also, obstruction of its ducts.

Functionally, we find hyperæmia, anæmia, circulatory congestion, and excessive, deficient and vitiated secretions.

The organ is carefully and securely masked in position within the curve of the duodenum; it is supplied with *secretory* nerves, derived from the semi-lunar ganglion and great solar plexus. These nerves should be called the *pancreatic plexus*. The pancreas has no nerves of sensation; yet the relation of parts is such that in disease we find mechanical disturbances about the spine, duodenum, pylorus, spleen, and surrounding parts; that do produce sensible feelings. You find the anatomy of expression distressed, headache, dyspnœa, skin dry, dyspesia, great sense of fullness an hour or more after meals, oppressed inspiration when prolonged, pneumatosis, orthopnœa, cir-

culatation embarrassed, with aortic pulse over the epigastrium, pain above the kidneys and under the right scapula. Again, we find the nerves of the respiratory centres involved.

The *tongue*, as an index, is ever our best guide in all diseases of the digestive forces, organic or functional, and it is an important diagnostic in derangement of the pancreas. We find an *unnatural pallor of the tongue in all organic affections of this organ*, and generally a *change in its volume*. You perceive also in all *functional disturbance a flattened, diffused, pasty, white, viscid tongue*; sometimes only furred, with a *white glairy coating*; again you may find a clear white *sizy* condition, without change in bulk. This morbid state of the unruly member should be known as a *pancreatic tongue*.

The healthy functions of this gland is of great moment to the practitioner in incipient phthisis, and when we have in conjunction defective salivary secretions to aid a diathesis in provoking gouty developments. Diabetes I fancy oftentimes produced by mal-secernation of the pancreas; and through vicarious offices, I think it imposes fatty degenerations on the liver and on the kidneys. In chronic intermittents, typhoid, typhus fevers, and chronic dysentery, it plays a part.

Excess in food or drink will create disturbance in the pancreas. Some years ago I discovered (in a hot climate) that fat meats, fat game, fat fish (salmon), speedily produced derangement. No doubt rich gravies, sauces, fats, cod-liver oil, and all other oils, *in quantity*, will abuse the functions of the gland. Tomatoes, asparagus, dandelion, cauliflower, peas, luscious fruits, rich oily nuts, wines, malt liquors, and all alcoholic drinks, will stimulate the pancreas.

Numerous experiments have shown the action of the pancreatic fluid and the salivary fluid on starch. I notice that Dr. Nunn, of Savannah, Ga., has recently prepared and recommends the starch mixture with pancreatic juice in dyspepsia. He calls the mixture "*pancreatin*." I think it will act as a *pancreatic* and *sialogogue*, and prove valuable in many diseases of the chylo-poietic viscera.

Cod-liver oil, glycerine and pepsine I hold as good agents of this class of organic remedies, in chronic derangement, where we have deficient secretion or functional debility.

What medicines will act on the pancreas? I feel satisfied that we possess a large class of agents; all of the sialogogues are *pancreatics*, and will partly stimulate this gland. Many of the alteratives will arouse the pancreas. I am convinced that the mercurials, arsenic, iodine, iodides, podophyllin, colchicum, burdock, mur. ammonia, the oxides of manganese, bismuth, chlorate of potassa, cyanuret of potassium, phosphate of ammonia (and nearly all the phosphates), table salt, infusion of clover seed (a powerful sialogogue), all have more or less *pancreatic agency*. When we find excessive flow of pancreatic fluid (known by the stools), nitrate of silver, *in large doses*, alum, nitro-muriatic acid and the mineral tonics I have found desirable agents. I should also imagine the ammonio-ferric alum worthy of trial in the latter state.

Case of Amaurosis successfully treated by Strychnia.

By F. S. JAQUETT, M. D.,
Of Philadelphia.

In the summer of 1854 my attention was directed to a case of amaurosis of twelve months' standing. The patient was a child about twelve years of age. The disease followed, and was apparently caused by a blow from a stone upon the head. Shortly after this accident, her sight, which had been previously good, began to fail. At the time that I first saw her, vision was entirely lost. The eyes had that unsteadiness and rolling motion common to amaurotic patients. This condition, as I have before stated, had existed for one year, during which time treatment had been resorted to, the nature of which I am ignorant of, except that she had been profusely ptyalized; no beneficial results, however, followed the treatment. I at first treated the case by cups applied to the temples and nape of the neck, followed these by blisters, and purgatives were also freely used. Finding

that no benefit was derived from these means, I concluded to try the use of strychnia. I commenced cautiously and with small doses at first, administering only the one thirtieth of a grain three times a day. After using the remedy in this dose for two or three days, the quantity was slightly increased daily, until spasmodic twitchings of the muscles occurred. I then reduced the dose, and in a day or two again increased it, until these symptoms reappeared. After this course had been pursued for about two weeks, the mother of the child stated to me that she thought that some improvement had taken place, as the child moved about the house with much more facility than formerly, and depended less upon her sense of touch. Owing to the imbecile condition of the mind of the child, I could not depend much upon her statements. I may also mention that the pupil which had previously been so dilated that the iris was almost reduced to a mere ring, became much reduced in size.

After a short time the improved condition of vision became manifest; the child could discern objects and walk up to them. When told she would go up to the dog or cat. She began to see smaller objects, and would readily pick up small pieces of money placed on the floor. This improvement continued until her sight was perfectly restored. The treatment occupied a period of about three months.

I saw the patient about one year subsequently, and there had been no relapse.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Neill.

WEDNESDAY, MARCH 30TH.

Reported by T. A. Demm , M. D.

Fracture of the Skull—Post Mortem.—This specimen affords an illustration of certain injuries consequent upon a direct blow upon the head. Upon the external surface of the calvaria there is, a little to one side of the median line, and somewhat posterior to the apex of the head, a marked depression.

In the evening of the day that the injury was inflicted, his skin was pallid, the pupils contracted

and turned in one direction, the breathing quick and hurried.

Upon introducing the finger into the wound, notwithstanding his dying condition, the patient gave manifestations of suffering pain.

In addition, there was an exudation of a serous fluid from one ear.

I mention these symptoms in order that you may see the connection between the injury and the symptoms.

He had not all the symptoms of compression, nor of concussion. You do not always find these as described in the books; they are often combined or modified, as in drunkenness or even dying.

This man had not the symptoms of complete compression of the brain; he was conscious, as I told you, of pain, and his pupils were contracted, not dilated.

Upon examining the internal surface of the calvaria, we find more injury of the inner table than of the outer. This is almost invariably the case, and it may be laid down as a rule, that the extent of injury to the external table is no index of the extent of the injury to the internal table.

The fracture extends to the base of the skull, and through the petrous portion of the temporal bone. Under the pia mater there is great effusion. The structure of the brain appears to be normal, except in one place, where there is a contusion.

Concussion of the brain is theoretically a result of violent jarring of the brain, but this jarring may be so violent as to produce an absolute rupture or tearing of the brain substance, producing, as in the present case, under the anterior lobes of the brain, an actual contusion.

The patient died a few hours after admission.

Injury to the Skull.—This case was described in one of the earlier numbers of the REPORTER.

It may be remembered, from the fact that the patient is a child of about five years of age, who had been thrown down and trodden upon by a mule, the outline of the hoof being stamped into the flesh and bone of the child's head.

The entire extent of the soft covering of the skull, included within the arc of the wound, has completely sloughed away, exposing, in ghastly hideousness, almost the entire parietal and frontal bones upon the left side. Even the periosteum has sloughed, leaving the dead, dry bone. Along the coronal suture healthy granulations have sprung up, illustrating most forcibly the reparative efforts that nature often makes.

In connection with this case, Dr. N. remarked, that in wounds of the scalp, as a general rule, there is not such a great tendency to slough as in other portions of the body; even where almost the entire

scalp has been torn off, and but a small attachment remains—we may hope to preserve the part.

In regard to the final result in this case, there is great uncertainty—the external table of the left parietal bone must come away.

Diseases of the Scrotum.—I shall now show you several cases of disease involving the scrotum. When I say scrotum, I mean all that is included from the skin to the centre of the testicle.

Case 1st. There is a swelling on one side of the scrotum. Patient entered the hospital some time ago for hydrocele. He was tapped, and after the fluid had been drawn off, this enlarged testicle was noticed.

There are many kinds of enlargement of the testicle; we have gonorrhoeal, syphilitic, scrofulous and cancerous enlargement of this organ.

Upon questioning the patient, we find that he has had a chancre, and that the other testicle has been affected in the same way as the one which we are examining. Now syphilitic enlargement attacks both testicles, one after the other; and though there may be great swelling, we seldom have suppuration. We have here very probably syphilitic sarcocele, that is a fleshy tumor of a syphilitic nature.

Case 2d.—Without going through a differential diagnosis, we may state that this is a case of hydrocele. It is often stated that a hydrocele can be distinguished from a hernia by the swelling occurring in the lower portion of the scrotum in the former, and at the upper in the latter, but in this case we have the swelling at the upper portion of the scrotum, the testicle being plainly discernable at the lower—not surrounded by any fluid. The history of the case will explain this anomaly; he has been already tapped, and the operation for the radical cure performed, but with partial success only—adhesions having formed at the dependant portion of the sac between the tunica vaginalis testis and the testicle.

The operation of tapping was now performed. After the fluid is drawn off, it is a good rule to examine into the condition of the testicle and spermatic cord. These being in a healthy condition, the operation for the radical cure may be attempted.

We inject into the scrotum of this man a mixture of one part of tincture of iodine and two parts of alcohol.

Case 3d.—Enlarged testicle—probably syphilitic.

Syphilitic Eruption.—This form of syphilis is necessarily connected with an impregnation of the system by the disease.

Upon examining the person of this man, we see a number of red spots covered by minute scales. Eight weeks ago he had a chancre. It is a practical

point to know how soon to look for secondary symptoms. Eight weeks is about the usual time.

He has had no sore throat. I ask this inasmuch as the surfaces—meaning thereby the skin and mucous membranes are the usual places where we look for secondary syphilis.

Treatment.—All that we say at present is, that the iodide of potassium is indicated with perhaps warm bathing. If other manifestations of disease occur, the treatment will be modified accordingly.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

FRIDAY EVENING, Dec. 10th.

Dr. Mayburry, presiding.

Subject for Discussion—THE EMPLOYMENT OF NITRATE OF SILVER IN AFFECTIONS OF THE THROAT.

DR. CURTIS opened the debate by reading a paper, from which we abstract the following:

According to Dr. Chapman, in his therapeutics, published in 1825, the nitrate of silver had been used as an internal remedy, even in very early times, but the harshness of its action caused it to fall into disuse. The doses formerly prescribed were much larger than the majority of physicians would consider safe at present. Some even went as high as one scruple in 24 hours.

The action of this remedy upon the tissues, whether in health or disease, differs much, according to different and various writers. Some regard it merely as a stimulant; others as a sedative; others as a tonic. This difference in the views of its action proves that further study of it must be resorted to, in order that we may assign it to its proper place in the materia medica.

But few monographs have been published upon this subject, either at home or abroad, though much has appeared in the journals, which would show that it is regarded with interest.

Among those who have given their views to the world, we might mention Dr. H. Green, of N. Y.; Dr. Powell, late of London, who highly extols its internal use in the form of pill; and Dr. Watson, of Glasgow, whose particular object was to explain the rationale of its action when locally applied.

When applied to a mucous membrane, it acts chemically, throwing down a whitish tough precipitate, forming a coating on the membrane beneath. Dr. Watson says: "In erosion and ulceration of the mucous membrane, this deposit of whitish matter is thickened by coagulation of the albumen of the

liquor sanguinis, which transudes from the vessels, and thus protection is afforded to the delicate and inflamed parts beneath." He considers it of great value as a local remedy in all cases of chronic or sub-acute inflammation of the mucous membrane of the throat. The therapeutic effect which follows the stimulation produced in the vessels of the parts by the application of the argentine solution, Dr. W. explains by the action of that remedy on the different degrees and stages of that inflammatory process which is artificially produced in the web of a frog's foot, as observed under a microscope. Thus, when a red hot needle is passed through the web, the following phenomena are observed. A spot in the centre of the inflamed part is sphacelated, or destroyed by the passage of the needle through it; a circle around the spot is usually found in a state of complete congestion, the vessels being dilated, and the corpuscles almost perfectly stationary within them; while, in the parts beyond this circle, the vessels are not so much dilated, and the stasis of their contents is not so complete. The stream of blood is seen passing slowly away with the collateral circulation of the unaffected parts of the web. Now these two circles represent two degrees of inflammation, which it is important to distinguish wherever they occur, and especially when the seat of morbid action is in the mucous membrane of the larynx or trachea. That part of the frog's foot in which the stasis is complete, represents the most intense or sthenic degree; the other, in which the stasis is more imperfect, represents the sub-acute or chronic variety. The effect of the solution on each of these parts is markedly different. In the part which is most intensely inflamed, the solution in the direct ratio of its strength increases the stasis of the blood within the vessels, which seem unable to dilate further, and are therefore but little changed; but the caustic acts through the coats of the vessels, upon the blood, by causing its partial coagulation, and also, by withdrawing water from the serum for the crystals which begin to form if the solution is strong. On the other hand, in that part of the web which had been less intensely inflamed, the solution causes a renewed and increased dilatation of the vessels, and the retarded current moves in them more freely than before, a cure being thus speedily effected if the exciting cause of the inflammation has ceased to act.

From these experiments, Dr. Watson concludes that the stimulant action is beneficial in all cases of inflammation, except the most acute, and that a strong solution not only stimulates the vessels, but tends, as in different varieties of oedema, to remove the watery parts of their contents on the laws of endosmose and exosmose. He also thinks that many cases of the sub-acute are much more improved by it, by first having the inflammation

checked. He used a weaker solution than is recommended by most writers—say from 12 to 30 grains to the fluid ounce of water. Many think that his weak solution acts as a stimulant, while the stronger one acts as a sedative by the chemical changes which it produces.

Dr. Bennet, of Edinburgh, in his work on Pulmonary Tuberculosis, declares the action of this remedy not to be that of a stimulant, but rather that of a sedative.

Another writer, Dr. Scott Alison, expresses the opinion, that when applied to an acutely inflamed part, its action is that of an irritant, and the morbid condition will be aggravated. To a part affected with chronic inflammation, he says, it is a tonic and stimulant. Applied to a membrane which has been for some time the seat of excessive and unhealthy secretion, it corrects and abates it.

Dr. Hastings says, in the treatment of acute laryngitis, a solution of nitrate of silver may be employed with advantage, and, unaided, will often remove the disease, but the case must be seen early.

If the inflammation has extended, he would not advise its use, for, although a small spot of acute or sthenic inflammation may be successfully treated in this way, yet a larger surface is irritated and made worse by it. In chronic inflammation of the different parts of the throat, he considers it one of the most important remedies that we possess. In croup, it was first employed by Bretonneau as early as 1818; he carried over the aryteno-epiglottic ligaments several times daily, a sponge charged either with pure chlorohydric acid or a solution of nitrate of silver. There appears to be a great difference of opinion in regard to the practicability of its use in croup. But few of the English writers seem to have used it in this disease.

Dr. Watson employs it, and considers it of great benefit in the pre-exudative stage, or before any exudation of the false membrane has occurred, but thinks it is injurious after that point.

Dr. Ware, of Boston, in his work on the History and Diagnosis of Croup, recommends it in the highest terms.

Dr. Green, of N. Y., also considers it highly efficacious in all inflammatory diseases of the throat.

Dr. Ware, having met with the usual success in the treatment of this disease, by the ordinary method, subsequently adopted a plan, in which the treatment consisted in the absence of all reducing and disturbing remedies, keeping the patient under the influence of opium and calomel; with constant application of warmth and moisture to the neck, and mercurial liniment; constant inhalation of watery vapor, and the local application of the nitrate of silver, early.

In a subsequent paper, he says: "I am well satisfied, from what I have now seen of this method

of treating croup, as compared with that which has been generally followed for so many years, that it has the advantages pointed out in a preceding paper;" and adds that it is a disease which he would treat without depletion, except, perhaps, by a few leeches. He would trust to opiates, perhaps to calomel, emollients, and the local application of nitrate of silver.

Whooping cough is another form of disease, which has been treated with this remedy.

Prof. Watson, of Glasgow, first treated it thus, and read a paper on this subject before the Medical Society of that city, in 1849.

M. Jaubert, of France, has treated this disease with the nitrate of silver with great success.

In regard to the pathology of the cough, Dr. Watson thinks the morbid agent, whatever it may be, commences its operation by producing inflammation of the pharyngo-laryngeal mucous membrane, and secondarily, irritation of the pneumo-gastric nerve. The following account is given of his own and of M. Jaubert's cases, treated thus, amounting to 134, of which 86 were cured within two weeks, and 40 within three or four weeks, while 8 resisted the treatment.

In 1854 Dr. Watson, during an epidemic of this disease in Glasgow, treated 167 cases in this manner, of which, 96, or about 54 per cent., were cured in two weeks, and 61, or 36 per cent., in three or four weeks; 9 resisted it, and died.

The percentage of deaths from this disease in London, is in the proportion of 8 to 9 among females, and 6 to 2 among males, to the deaths from all other causes, under the age of 10 years. This success in the treatment is, therefore, remarkable, and recommends itself to the favorable consideration of every one.

The nitrate of silver has been very generally used by the practitioners of this vicinity in all of the inflammatory diseases of the throat, but as far as I can ascertain, though they still use it, they have been disappointed in the results.

My own experience agrees with that of those whom I have cited. I believe it to be of great value in the treatment of chronic inflammation or ulceration of the mucous membrane. But in acute or sthenic inflammation, I believe it to be an irritant, and very injurious in its application to a part thus affected, tending to increase its degree and extent.

DR. JOS. R. BRYAN remarked that he had used this remedy with much success, especially in those cases of croup, which follow after pharyngitis; and in cases where ulceration existed, with a deposition, together with all those croupy symptoms which so often result fatally. The caustic seems to produce a healthy action in the parts, but he was afraid that in some conditions accelerated death, either from its own action, or the struggles of the child. Still, he

used it in all affections of the throat; thus, in tonsillitis, he employed a solution of a ʒss. to the ounce of water, which seemed to check the progress of the inflammation. He considered its action purely that of an astringent. He should employ it not only in the acute, but also in the chronic form, as he had never seen any direct evil effects, except in cases of pseudo-membranous croup in a moribund state. In whooping-cough, if applied to the larynx, it might have a good effect, though he was prejudiced against it in this disease, in consequence of a case which occurred in his own family, where he attempted to introduce it into the larynx, failed, and a violent inflammation of the lungs ensued, which had almost proved fatal.

DR. WOODWARD had not had sufficient experience to be positive upon the subject, but, as germane to it, and a matter of interest, he would mention a case of acute tonsillitis, in which, when applying this solution, he found, and dislodged a calculus of carbonate of lime and mucus, the size of a chestnut. The case soon recovered after this foreign body had been removed.

DR. WITTIG had frequently used the remedy in affections, such as cancrum oris, and malignant sore throat, with great benefit. In inflammation, it seemed to increase the severity of the attack.

DR. MAYBURY had been using it for a number of years quite extensively, and generally with good effects in the several inflammatory affections of the throat, both in their acute and chronic forms. He had also attempted its introduction in croup. In whooping-cough he had never employed it. In acute tonsillitis and pharyngitis, and what is usually called follicular pharyngitis, and in chronic laryngitis he had often employed it with decided advantage. His own throat on one occasion being inflamed and excessively irritable, having the appearance of a piece of raw beef, and accompanied with a distressing cough, he had used it with the effect of producing a speedy cure after other treatment had failed. Its application was always followed by a very soothing sensation in the parts, and an amelioration of the cough. He had not been so successful in all instances, in entering the larynx as Dr. H. Green and others, but he was satisfied that it could be done. He generally employed a globular piece of sponge fastened to a rod of whalebone curved, as recommended by Dr. Green, to correspond with a segment of a circle whose diameter is 4 inches. He bent it to this precise shape by means of a block. He considered it not always necessary to enter the larynx as it afforded much relief even when applied to the epiglottis cartilage, and around it. In cases where there was a tendency to tubercular deposition in the lungs supervening the primary throat disease, he had seen these applications check its progress, and arrest the further develop-

ment of tubercles, certainly for a time. This was the opinion also of Dr. Green, and, he believed, of some European authorities. He usually employed the crystals in solution of four different strengths: $\mathfrak{J}\text{j}$., $\mathfrak{Z}\text{ss}$., $\mathfrak{J}\text{ij}$., and $\mathfrak{Z}\text{j}$. to the ounce, and repeated the application every day, every two, three, or four days, or even at intervals of a week or two weeks.

DR. BRYAN said there was another form of acute inflammatory action, in which it is of much service, this is the anginose form of scarlet fever. He never knew death to occur after its application to the throat at an early stage. It may even be thrown up the posterior nares in such cases, with much advantage. He thought much of the bad effects were the result of the *mode* of its application. There were three modes, in which it was applied, the brush, the sponge, and the swab, or a piece of muslin attached to a piece of whalebone. These differed much, in their manner of touching the surface. He used a camel's hair brush. In very irritable cases, we cannot use the friction with either of the others, that we can with this. An objection to the swab is, that there is generally a great quantity of linen used, but rarely, are the sharp points of the stitch entirely covered, and these are extremely liable to injure the parts.

DR. SLOCUM, in his own case, when attacked with inflammation of the fauces, has had it applied with a brush, and much of the solution got into the larynx on one occasion, causing him a great deal of suffering. At the next application, more care was taken, and he was entirely cured eventually. He would suggest that the patient should be directed to take a full inspiration, and then apply the solution. In this way, should any get inside the larynx, the expiration which immediately follows would throw it out, and the patient would feel more comfortable. He found several calculi in his own throat, from the size of a pea down to that of a pin's head. These generally disappear spontaneously. He had at present a case under treatment with ulcerated fauces, which had given him great trouble for the last three months. At first, it was simply an ulcer of the side of the soft palate, with the half arches on each side. He applied the nitrate of silver, directed a soothing gargle, and iodide of potassium in small doses. She scrubbed for a living, and thus was much exposed; she would get better, and then have a fresh attack. He substituted the chlorate of potassa for the iodide for the last two months; used a decoction of marsh rosemary, and applied the caustic every other day. At present, the uvula is almost completely destroyed, and there is but little improvement of the fauces. He inquired for a specific cause, but she knew of none.

DR. BRYAN had obtained from Dr. Hatfield a formula, which had answered nicely, where he had

failed with the other applications. It was a mixture containing:

Cupri sulphat. $\mathfrak{Z}\text{ss}$.

Pulv. cinchon. $\mathfrak{Z}\text{ss}$.

Aquæ calcis, $\mathfrak{f}\mathfrak{z}\text{iv}$.

DR. HATFIELD had used the combination as given by Dr. Bryan, with much success, particularly after he had failed with the nitrate of silver, and also in cases of cancrum oris. He most generally, however, depended upon the caustic solution, and preferred it in cases of chronic, or those of more recent inflammation. In *croup*, he had employed the nitrate of silver, but with doubtful results. Perhaps it was not the remedy so much as the method of applying it. In cases of chronic tonsillitis, and similar affections, he used it with great confidence, even in the solid form, often relying upon a single touch, it not being necessary to touch the whole surface.

DR. RHEIN, in his own case of chronic bronchitis, with which he had been troubled for 18 years, a cough coming on each winter and lasting till spring, with spasmodic breathing, had employed the various expectorants without any beneficial results. He had then used this caustic, and obtained entire relief as soon as it ran down the larynx. The symptoms were more speedily relieved *than* when he merely *touch*ed the throat. He often used it in *croup*, laryngitis, &c., employing a probang armed with a large sponge well saturated with the solution, introduced between the epiglottis and rema glottidis. A spasm occurs, the sponge is compressed, and the solution runs down. He had no confidence in the statements of its being introduced into the larynx.

DR. WITTIG remarked that when inflammation had existed for some time, and there remains swelling and tenderness, with a congested state of the parts, or perhaps a weakness, allowing a stasis of the blood, he had employed it with great benefit. When the cough in phthisis had produced great irritation, he had obtained good effects from it, but not in every instance. In erysipelatous affections of the fauces, also, it has been successfully used. He considered that it acts by constriction, and the recession of the epidermis beneath its coating of the solution.

DR. MAYBURY agreed with Dr. Hatfield, that it was not always necessary to apply it over the entire diseased surface, as it was diffusible in its sedative efforts over portions that were not touched; yet he generally tried to get it over as much of the diseased mucous membrane as possible, both up into the posterior nares and down into the larynx, if necessary. Hence he preferred the curved probang, as described before, to the camel-hair pencil. In its introduction he mostly observed the precaution suggested by Dr. Slocum, yet in many instances it might be beneficial to get a few drops into the wind-pipe. He

differed decidedly with Dr. Rhein, and believed that Dr. Green and others had thus introduced it. He was present on one occasion, soon after graduation, while the views of Dr. Green were somewhat novel, when a gentleman of this city had, unquestionably, performed the operation successfully before a large class of students, and he felt satisfied that he had done so himself, repeatedly, since. There was, however, a great popular prejudice against its use; evils are attributed to it which he did not understand how it could possibly produce, and some persons absolutely refuse to allow its application. He had heard even a distinguished writer and practitioner, of this city, whose opinion and experience on every subject possess much weight amongst us, assert very positively that he could cure any case of inflammation of the throat, provided nitrate of silver had not been applied. With his own (the speaker's) views of its action, when applied to mucous surfaces, he could not conceive how a case could become less curable after, than it was before its application. In his hands it had succeeded after other remedies had failed; but, of course, not invariably. He always applied it himself, without trusting to the attendant, especially where a strong solution was used. In scarlet fever he had also derived decided benefit from it, not only from its own peculiar therapeutic action on the parts, but also from the effort which it provokes of expelling the secretions which often collect in the fauces and air passages. He had often observed one tonsil alone inflamed, without the other being at all affected, and also the calcareous deposits, especially in hypertrophy of the tonsils.

DR. SHAPLEIGH considered the making of the probang a point of great importance. If carelessly made, the sponge may come off. He had known the probang to be carried into the larynx, but a failure often occurred at first. The throat seemed to require education, prior to this use of the instrument. A very ingenious way to examine the epiglottis is to tickle the fauces at the back part, which will cause the epiglottis to come into view. A case in his own family had been under treatment, some two or three years ago, which eventually proved fatal. The patient at first could not swallow any fluid; it was only by soaking a cracker or something in the fluid that he was enabled to get the necessary drink. The epiglottis was split, and ulcerated in the middle, as if a V shaped piece had been removed. He applied, every other day, a strong solution of the nitrate of silver within the larynx, with much improvement in a short time. The patient could drink without trouble, his voice was much improved, and he was getting on finely, when one day he took a long walk when an east wind was blowing, and all his worst symptoms returned. He was three days

without swallowing either food or fluid. Dr. H. H. Smith saw him in consultation, and passed a stomach tube, by which food was thrown into the stomach, but the spasmodic action was so great as to cause the rejection of the matters thus introduced. He got, however, in this manner, some milk, and next day had improved so much as to be again able to swallow. He was, however, again attacked after another careless exposure, inflammation of the lungs supervened, and death ensued, though not from the disease of the throat. Dr. S. had never used a syringe with a perforated extremity, but thought it preferable when we desired to pass the solution into the posterior nares. The objection to the brush is, that we cannot apply so much of the article by it, as it drains off. However, patients often prefer it, as the sponge presents a formidable appearance. In some instances, with him, this remedy failed to produce any benefit; in one case he applied it, perhaps, 150 times, and finally cured the patient, after many physicians of high reputation had declared a cure impossible. When the case was an old one, and the patient weak, he found tonics very serviceable. He would prefer not to have his patients use mufflers to the throat, because, sometimes, going out without them, they are sure to take cold.

DR. RHEIN thought the remedy had its evil as well as beneficial effects. In scarlet fever, some years ago, he had employed it. Throat disease having come on, with a free mucous discharge, he applied a solution twice a day; the discharge increased, and death ensued. He had often thought that the remedy was the cause of this increase of the secretion of tenacious mucus, and thus of the death of the child from its air passages being stopped up by this accumulation.

DR. CURTIS considered that in chronic inflammation of the throat, there was perhaps no remedy so good as this, especially where ulceration existed. He had used it in acute cases, but would hesitate in again employing it in such instances. He had treated acute tonsillitis thus, and believed it had produced irritation. He was more willing to abandon it, as he had a remedy which he thought far better. This was

Zinci sulphat. gr. xx-xxx.

Aquæ, f $\frac{3}{4}$ i.

which we had never known to fail. In any acute inflammation of a mucous passage, it was more likely to cure, though but few think of employing it. In scarlet fever it is doubtless good, unless there was a tendency to ulceration.

Scarification of the tonsils is of great benefit in scarlet fever, where they are much inflamed without a tendency to ulceration.

Adjourned.

Editorial.

In this number we commence the publication of a series of articles on Regional Anatomy in its relations to Medicine and Surgery, to be fully illustrated by wood-cuts. We feel confident that this will prove to be one of the most important series of medical and surgical papers that have ever been published in this country. The author is well known to the profession as a ripe scholar and an able surgeon and anatomist, and one who performs any work he undertakes, *well*. We commend these articles to the attention of our readers, and trust that they may be suggestive to some of them of facts or ideas, with which they may be induced to enrich our pages.

THE QUARANTINE QUESTION.

The New York Legislature, after bestowing more time and losing more temper on the subject than upon any other that has come before it during the present session, has finally, by a vote of ninety-nine to nine in the House, passed the bill for the removal of Quarantine. It is understood that the bill will meet with no opposition in the Senate. This bill provides for the sale of the present Quarantine grounds on Staten Island in June, 1860, and also forbids the bringing of yellow fever patients, or yellow fever vessels, above the Narrows from the present time.

This would seem to necessitate the adoption of the plan proposed by Dr. Anderson to the Commissioners of Emigration, in a letter which we published in a previous number, in which the floating hospital, for yellow fever patients, was advocated, together with an anchorage for yellow fever vessels near Sandy Hook—as the bill, while it breaks up the present anchorage and removes the hospitals, does not provide for the establishment elsewhere. The introducer of the bill was obliged to accept the amendments of the members of the adjoining counties of Long Island, stipulating that the fever hospital

should not be placed within their borders. While they were quite willing that they should remain in the thickly populated village of Tompkinsville, within an half hour's sail of New York, and daily visited by from five to ten thousand persons from the city; they stoutly resisted the idea of placing them upon the barren sand bar of Coney Island, uninhabited, and with which there is no public communication. Unless the floating hospital is adopted then, the problem which the Legislature has to solve is—How to remove the Quarantine, and place it nowhere. The easiest escape from this dilemma would be to abolish it altogether.

That the Quarantine could have existed so long in its present locality, without introducing disease into the City of New York, would prove it to have been unnecessary. The first idea of Quarantine is perfect isolation. Here was nothing of the sort. Its whole management appears to have been a sham. If infected vessels had been permitted to go directly to the city, the number of persons exposed to their influence would have been infinitely less than were directly brought in contact with them in the locality in which they were concentrated. Rather than be responsible for the continuance of a system, which has given rise to the axiom, "yellow fever on Staten Island is yellow fever in New York," we think the wisest thing the Legislature can do is to abolish all its quarantine laws, and leave it for the Quarantine Convention, which will hold its next session in New York in May next, to frame a code of quarantine and sanitary laws, which shall be in accordance with science and a due regard for the interests of commerce.

THE CONVENTION OF MEDICAL TEACHERS AT LOUISVILLE.

In compliance with a resolution adopted at the meeting of the American Medical Association at Washington City in May last, a call has been issued for a convention of professors representing the various medical colleges of the United States. This meeting is to con-

vene at Louisville on the second of May, the day preceding the meeting of the American Medical Association at the same place. The convention is to take into consideration the report of the special committee on Medical Education, made at Washington last year by Dr. James R. Wood of New York, in view of "devising a uniform system of medical education."

This is the great desideratum in medical education in our country, but how any degree of uniformity is to be obtained, is a question which in our view is capable of but one solution. With all our confidence in the desire of the professional teachers of our country as individuals, to elevate the standard of medical education, we very much doubt whether they can agree upon a uniform system of instruction and requirements. The known rivalry and conflicting interests of the schools, the constant chartering of new institutions by our State Legislatures, taken in connection with the almost entire neglect of preceptors to require any qualifications of students who enter their offices, preclude the idea, it seems to us, that the proposed convention can fix on any uniform standard of medical education which the colleges will consider as binding on them.

In our view there is but one method of securing anything like a uniform standard of medical acquirements, and that must be sought *outside of the schools*. It must be in the hands and under the control of the profession *in its National capacity* through the only organization of the kind in our country, viz.:—the American Medical Association. Our views on this subject will be before the Association for action at its next meeting, in the form of a series of resolutions from the Medical Society of New Jersey. Dr. Wood, in his Report before referred to, recommends Boards of Examiners, independent of the schools, but without proposing any plan for their appointment. We *hope* that the Convention of Teachers will, on examining into this matter, see the necessity of securing some degree of uniformity by favoring the New Jersey resolutions, and thus practically carry out the recommendations of the able Report which will come under their consideration.

In this connection, we would call the attention of our readers to the letter from Chicago, contained in our last week's number, referring to the formation, in that city, of a new medical school, on a plan somewhat different from that which prevails in the colleges of our country. The plan has some features that strongly recommend it to the favorable notice of the profession, but as we expect ere long to hear more from our correspondent on the subject, we forbear further comment at the present time. We doubt not that the present plan will be brought to the attention of the Convention of Teachers, whose deliberations, we trust, will tend to advance the general interests of the profession.

Mr. Ivan C. Michels will soon commence the publication, in this city, of a semi-monthly, to be entitled the "*Druggists' Review and Chemical Times*." It will, as its name indicates, be especially devoted to the interests of the chemist and druggist. As our country readers are often under the necessity of being their own chemists and druggists, we would commend this paper to their favorable notice.

Medical News.

The New York State Senate has *confirmed* the nominations of Drs. Gunn, of New York, for Health Officer, and Jerome, of Trumansville, for Resident Physician at the Marine Hospital.

A telegraphic despatch from Harrisburg announces that the Governor of this State has signed the bill entitled "a supplement to an act incorporating the city of Philadelphia, abolishing the Board of Guardians of the Poor and the Board of Health."

Agassiz having proposed to deposit his large zoological collection in a museum for the use of the public, provided such an institution should be established, steps have been taken to found such a museum on a most liberal scale.

Re-interment of the Remains of John Hunter.—The *European Times* says: "The members of the medical profession will be glad to learn that the Dean and Chapter of Westminster have given permission to the Royal College of Surgeons of England to re-enter the remains of John Hunter in the Abbey. The body will be privately removed from the vault of St. Martin's-in-the-Fields, and the President, Vice Presidents and Council of the College, the learned and scientific societies of London, and such members of the profession as have provided themselves with tickets, will meet in the Jerusalem Chamber and accompany the body to the place of interment, on Monday the 28th inst., at 4 o'clock in the afternoon."

"A list of subscribers for a statue to Hunter has been opened at the College of Surgeons, and already about two hundred guineas have been received. Mr. South, one of the Vice Presidents, has consented to act as honorary secretary."

At Antwerp a scientific and industrial expedition is being organized for a voyage round the world. A vessel has been chartered and is being fitted up for the accommodation of passengers. The price of passage for the whole voyage is about eight hundred dollars.

The United Service Gazette says: "A human being measures more within twenty or thirty minutes after rising than at any other period of the day. Our informant states that he has seen men who were rejected the previous day, after lodging near the barracks, walk into the orderly room of the regiment, hot and steaming from their beds, get measured and passed as being the proper height. He explains the cause of this by stating that the system is more relaxed at that time."

From a recent official report it appears that pulmonary affections, including phthisis, cause nearly one-fourth of the annual mortality of England. Phthisis or consumption proper kills, on the average, in England alone, more than fifty thousand persons a year.

An English paper says that a telegraphic dispatch from Marseilles brings the astounding intelligence that one hundred and fifty thousand men had in one month died of cholera at Jeddo, the beautiful city of Japan, which, according to recent accounts, is a model of cleanliness and sanitary perfection.

A correspondent of the London Times says that the remains of Harvey, the discoverer of the circulation of the blood, were pointed out to him where they rest in a vault, with others of the family, including Admiral Harvey, the companion of Nelson, in a vault under the church of Hempstead, near Saffron Walden, in Essex.

MARRIAGES.

LEE—HALE.—At New York, on the 5th inst., by the Rt. Rev. Alfred Lee, Bishop of Delaware, Benjamin Lee, M. D., and Emma Hale, daughter of Norman White, of that city.

DEATHS.

BECK.—At Rome, in Italy, on the 13th day of February, 1859, Charles Frederick Beck, M. D., of the city of Philadelphia.

DE ROSSET.—At Wilmington, N. C., April 1st, Dr. Armand J. De Rosset, Sen., aged 92 years.

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). The REPORTER is ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 in advance; single copies, ten cents. The REPORTER will only be sent to those who pay for it. Notice will be given to subscribers at the termination of their subscriptions. Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office N. W. corner of Seventh and Arch streets.

S. W. BUTLER, M. D., } Editors.
R. J. LEVINS, M. D., }

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

ADVERTISEMENTS.

NATHAN STARKEY,

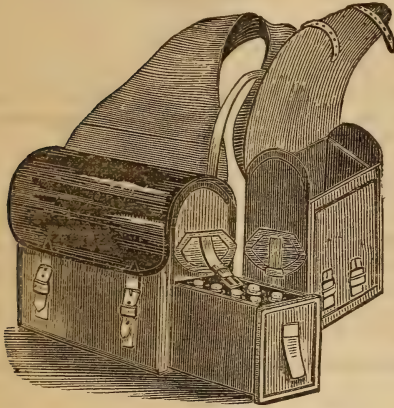
MANUFACTURER OF
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable
Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather,
with Pat. Leather Covers. Flat Pattern, with Pockets. Box
Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11 " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " 4 " "	19 00
No. 3, " 48 " " 4 " "	17 50
No. 4, " 37 " " 4 " "	13 50
No. 5, " 32 " " 4 " "	12 50
No. 6, " 27 " " 4 " "	10 50
No. 7, " 20 " " " "	8 50
No. 8, " 15 " " " "	6 50
No. 9, " 14 " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mount-
ings, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints,
Syringes, &c.

Manufactures to order and keeps constantly on hand a general
assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen
about to commence practice would do well to call and examine
his large assortment of Instruments. 118

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses
and within one square of a Passenger Railway.)

PHILADELPHIA.

This institution has been established with a view to combine
all the best hygienic and medicinal means in the treatment of
Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M. D.

Consulting Physician,—PROF. SAMUEL JACKSON, M. D.

Application for admission may be made to the Attending Physi-
cian daily, (Sundays excepted,) from 11 to 12 o'clock. Applica-
tions in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, Sec'y,

Box 1738, Philadelphia P. O.

No. 107, t. f.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,
32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was
engaged, for a considerable time, in the most celebrated work-
shops of Paris, Belgium and Germany, and does not hesitate to
say, that there is no instrument, however complicated or
minute it may be, whose construction he is unacquainted with,
or which he could not manufacture.

Deeply impressed with the responsibility attached to the
maker of Instruments employed by the Surgeon, he will furnish
no instrument without a conscientious certainty of its being as
perfect as it is possible to make it.

As he has during the last three years been present at the op-
erations performed at the Surgical Clinics of the Colleges and
Hospitals of Philadelphia, he trusts that he understands fully
the wants of the Profession in this important department. He
asks attention to his Artificial Legs, Arms, and Club-foot Appa-
ratus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hos-
pital.

Henry H. Smith, M. D., Professor of Surgery, University of
Pennsylvania.

H. L. Hodge, M. D., Professor of Obstetrics, University of Penn-
sylvania.

Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical
College.

Joseph P. Hancock, M. D., Professor of Anatomy, Jefferson Medical
College.

S. Littell, M. D., Surgeon Will's Hospital.

E. Hartsborne, M. D., " "

A. Hewson, M. D., " "

D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.

R. J. Levis, M. D., " "

Isaac Hays, M. D., " "

P. B. Goddard, M. D., " "

A NEW VOLUME!!

THE SECOND VOLUME

OF THE MEDICAL AND SURGICAL REPORTER (NEW SERIES.)

Will begin with the issue of the first week in April, making this a favorable time to subscribe.

In that, or the succeeding number, we shall begin the publication of a Series of Illustrated Articles on

REGIONAL ANATOMY,

in its relations to Medicine and Surgery.

This Series will be followed by other papers on PHYSIOLOGY, URINARY DISEASES, ETC. We shall also continue the publication of HOSPITAL REPORTS, DEBATES BEFORE MEDICAL SOCIETIES, ETC.

Having effected an arrangement by which we shall be in the early receipt of Foreign Medical Periodicals, we shall be able to keep up with the times in our Weekly Periscope and Medical News Department.

Communications respectfully solicited.

PHILADELPHIA SCHOOL OF ANATOMY, COLLEGE AVENUE.

SUMMER ARRANGEMENT.—This School furnishes every facility for the study of *Human Anatomy*—having large, well ventilated dissecting apartments, with abundance of material; lecture rooms and museum. The *anti-epitics* now employed, enable the student to prosecute Practical Anatomy as well during the summer as the winter months.

Course of Instruction.—Three lectures will be delivered each week, on Descriptive and Surgical Anatomy, commencing about the 1st of April and continuing, with the usual mid-summer recess, until the 1st of October.

Practical Anatomy.—The Anatomical Rooms will be open every day from 7 o'clock, A. M., until 6 o'clock, P. M. The Lecturer, or his Assistants, will be constantly present to assist gentlemen in their dissections.

The Summer Term of Dissections will end on the 1st of September. Fee for the course, \$10.

For other information, apply at the Rooms, or to

D. HAYES AGNEW, M. D.,

No. 16 North Eleventh Street

PHILADELPHIA SURGEONS' BANDAGE INSTITUTE,

(PATRONIZED BY THE MEDICAL FACULTY.)
No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartment for Ladies, under the superintendence of Mrs. Everett
126-y.

J. M. MIGEOD,

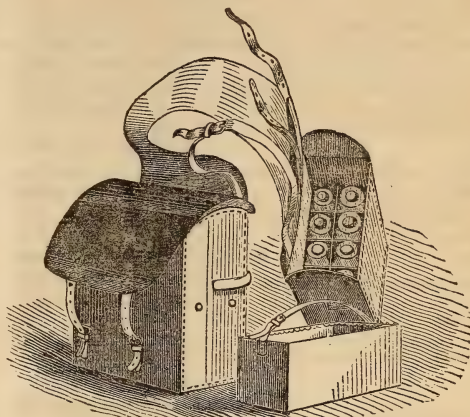
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " "	\$9 50
No. 2, containing	10 1 oz. " " " and	
	10 1/2 oz. " " " "	8 50
No. 3, containing	8 1 oz. " " " and	
	8 1/2 oz. " " " "	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " "	9 50
No. 6, " "	16 1 oz. " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " "	9 50
No. 9, " "	16 1 oz. " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " " and	
" " "	4 Pots, " " "	\$19 00
" " "	1 Mortar, " " "	
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " and	
" " "	4 Pots, " " "	\$15 50
" " "	1 Mortar, " " "	
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " " and	
" " "	4 Pots, " " "	\$12 00
No. 4, containing	20 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " " and	
" " "	18 1/2 oz. " " " "	\$20 00
" " "	4 Pots, " " "	
" " "	1 Mortar, " " "	
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " " and	
" " "	14 1/2 oz. " " " "	\$16 50
" " "	4 Pots, " " "	
" " "	1 Mortar, " " "	
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " and	
" " "	4 Pots, " " "	\$13 00



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorable awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a useful *Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your unequalled "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

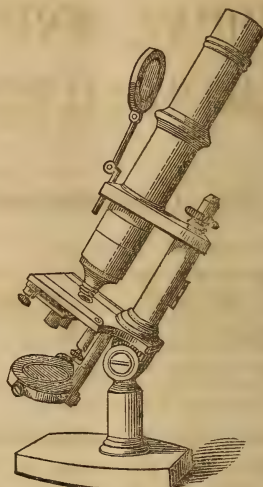
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPE.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

JAMES W. QUEEN & CO, OPTICIANS,
123—1y 924 Chestnut St., near Tenth, Phila.

PHILADELPHIA COLLEGE OF MEDICINE.

SUMMER LECTURES, 1859.

THE SUMMER OR SUPPLEMENTARY COURSE OF LECTURES in this College will commence on Monday, the fourth of April, and continue about twelve weeks. Three Lectures will be delivered daily, (Wednesdays and Saturdays excepted,) upon the following subjects: Anatomy, Diseases of the Eye and Ear, Diseases of Infants, Therapeutics, Pharmacy and Toxicology, Chemistry, Medical Jurisprudence, and other important branches.

Medical, Surgical and Obstetrical Clinics will be held on Wednesdays and Saturdays.

Fees for the full Course, \$35.

Tickets will be free to graduates and to those who have taken the perpetual ticket, or have attended two full courses of Lectures in this College.

LEWIS D. HARLOW, M. D.

Dean of the Faculty,

Philada., Mar. 17, 1859. 126

Fifth Street, below Walnut.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin Square. Artificial Teeth in entire or partial sets; Obturators, Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

127

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 130.

PHILADELPHIA, APRIL 16, 1859.

{NEW SERIES,
{VOL. II. NO. 3.

Original Communications.

Resumé of a few of Ricord's Lectures of 1857 and '58, at Hopital du Midi, Paris, on the Chancre. Article 3.

By ROBERT BOLLING, M. D.,
of Philadelphia.

INDURATED CHANCRE.—*Treatment, &c.—Abortive Method, its Importance in Protecting against the Diathesis.—At what Period to Administer Mercury, &c., &c.—Dose—Salivation, &c.*—The local treatment does not differ much from that employed in the treatment of simple soft chancre—cleanliness, dressings with charpie and aromatic wine, and in this variety we may employ, also, calomel ointment. This variety of chancre offers this remarkable character of running rapidly through its periods, and cicatrizing spontaneously, if not interfered with by inopportune applications. The important point is to cauterize, and profoundly, at the very commencement; for chancre, no matter of which variety, is at first only a local lesion. The constitutional effect is not instantaneous, but requires a certain time to develop. Profit, then, by this interval, and destroy the venom as soon as possible, and thus prevent the inevitable constitutional infection, if it be a hard chancre. As far back as 1508 the importance of this was known. The exact period, after the appearance of the chancre, that the infection takes place, is not known. It is a practical fact, however, that all chancres properly cauterized before the fourth day are never followed by constitutional symptoms: thus says Mons. Ricord, and this opinion corresponds with that of Mr. Sigmund, of Vienna. Exci-

sion of chancre, within the same limit, has the same effect, but is not always applicable. The abortive treatment is all-important; in it rests the safeguard against a constitutional affection. Impress this on the minds of patients: that no evils ever arise if the chancre is properly cauterized before the fourth or even the fifth day. If you have delayed longer than this the cauterization is of no avail as a prophylactic. Once the induration appeared, the constitution is affected; if you cauterize now you only destroy a symptom, but do not in any way affect the diathesis. There is a specific for naissant constitutional syphilis—it is mercury. Rules for its administration:

1. Administer interiorly when the digestive organs will permit of it.
2. When the digestive organs do not admit of it, by means of friction.
3. In some persons it will be found well to alternate.
4. Some persons are refractory, even to these two modes. Employ, then, the inspiration of mercurial vapors. It will be found that, by changing the preparation, the desired effect is brought about, although the patient resisted a long time. Ricord gives preference to this formula:

R Hydraz. iodidi,
Glyceriza pulv. ʒʒ gr. iij.
Ext. opii. gr. j.
Confect. rosar. gr. vj.
M. et div. in pil. No. V.

S. Dose one to three a day.

The effect is generally noticed after eight days. Wait eight days, and then increase the dose, then increase again when the disease seems to have come to a statu quo. The mercurial treatment, from accidents that it pro-

duces, must often be suspended for a while, then taken up again. Two important questions—

1. Ought the mercurial treatment to be commenced from the debut of the infecting chancre?

2. Or ought it to be deferred until the appearance of constitutional symptoms?

With Ricord the initial sign of the constitutional affection is induration; hence, from the first appearance of induration, he gives mercury. Some wait for the appearance of constitutional symptoms. The diathesis exists—why wait? Why not try to retard or modify these coming symptoms? It is often difficult to diagnose at once absolutely between the two chancres; and as it is hurtful to administer mercury when there is only a simple chancre, wait then until you know positively the nature of your chancre, before administering it. Never administer mercury in case of a doubtful chancre; if so you will not be able to give a correct prognosis. Wait until your diagnosis is made out, then, if it be an indurated chancre, commence its use without delay.

Salivation has been regarded as useful and indispensable for the proper cure of syphilis; hence it was brought on and kept up. These beliefs and practices had no useful effect, and served, too, to prejudice people against the remedy. Mercury does not act upon syphilis by the disorders that it can be made to produce. Its influence is not measured by its pathological effect; the reverse is more true.

The curative action of mercury is generally suspended as soon as the morbid symptoms belonging peculiarly to the remedy, manifest themselves. Salivation or evacuations of any sort retard rather than aid the cure. If, in the course of treatment, salivation should come on, combat it at once with the chlorate of potash. The dose must vary with the constitution. The influence that it has on the existing symptoms will be a guide.

Mercury is given as a curative, as well as a preventive remedy. When used as a preventive, you must be guided by the irritation of the salivary glands; by this you can know that the constitution is affected. Diminish

then a little the dose, to increase it again after awhile, to see if the system remains under its influence. Mercury is only useful in the initial or secondary forms of the constitutional affection, and hurtful even in the later or tertiary forms, &c. For these more tardy forms the iodide of potassium is the specific. Formula:

R Potass. iodidi, 30 grains.

Syrup. gentianæ, 500 grains. M.

S. A tablespoonful three times daily.

Ricord says that 30 to 45 grains of the iodide of potassium should be given each day. Sometimes we may increase the dose to two, three or four times that quantity. It is a preventive, par excellence. Now, finish a treatment of an indurated chancre without giving the iodide, and it will almost invariably ward off future manifestations. M. Ricord gives this rule: six months of mercurial, then three months of the iodide of potassium, giving daily doses. This treatment must, of course, be somewhat modified, according to the indications and exigencies of particular cases.

Scirrhus of the Stomach.

By J. R. McLURG, M. D.,

Of Philadelphia.

On the 5th of June, 1852, I was called upon to visit Joseph Chamberlain, of Chester county, a farmer by occupation, aged about forty years, of medium size, and a decidedly bilious temperament. He informed me that he had been unwell for some days, but not confined to bed. He had always been a very healthy man, and perhaps not one whole day sick at any time in his life, until some six months since, when he began to feel some uneasiness in the stomach, for which he took a dose of purgative medicine. Experiencing but little relief, however, he consulted his family physician, who informed him that he had dyspepsia, and he was treated accordingly. He still received but little, if any benefit from this course of treatment, and one day, when away from home, he became very sick and vomited a quantity of thick bilious matter. This was the first time he had vomited, but from that

time to the present—a period of almost three months—he had vomited frequently. The above is the history I received from the patient on my first visit. I found him in the following condition: He was in bed, although he had been up the greater part of the day, and appeared to be quite unwell and considerably emaciated. He complained of no pain whatever, but of an uneasy, burning sensation in the stomach. Had no inclination for food, considerable thirst, feeble pulse and 95 per minute; tongue covered with a thick, white coat; voice strong and deliberate; eyes remarkably bright, and the skin of a sallow color; no disposition to sleep; vomiting frequent and sometimes in a large quantity, of dark, slate-colored fluid, having an exceedingly unpleasant acid taste.

Upon examining the abdomen, I found a tumor very perceptible to the touch, of the size of an orange, which, after having examined particularly, placing the patient in different positions, I did not for one moment doubt was seated at the pyloric extremity of the stomach, and taking the past history of the case and his present appearance and condition, did not hesitate to form a diagnosis of scirrhus of the right extremity of the stomach, and to inform my patient (for he wished to know the whole truth) that my prognosis of his case was most unfavorable, and that his life, under the most favorable circumstances, might terminate in *very few weeks*. Notwithstanding every effort on my part, the acidity of the stomach and the vomiting continued, and he sank rapidly, and died on the 15th of June, ten days from my first visit. On inspection, fifteen hours after death, the tumor which had been felt externally proved to be scirrhus of the stomach. There was a hard mass or ring entirely surrounding the pyloric orifice, two and a half inches wide and one and a half inches thick, but without the *least appearance* of inflammation or disease upon its external aspect or in the surrounding viscera. Upon the internal or mucous surface of the stomach, at the inferior side, or that corresponding with the greater curvature and contiguous to the pylorus, was found a somewhat circular space

of one inch and three-quarters in diameter, from which the entire mucous membrane was removed, leaving the muscular coat exposed. The pyloric orifice was very small and rigid, and it was impossible to force the index finger through it. I divided the hard mass and pyloric sphincter, and found that the abrasion or ulceration of the mucous membrane, to the width of one-fourth of an inch, extended entirely through the orifice. After a thorough examination, no other than the above pathological appearances were found, and I was necessarily forced to the conclusion that death in this case was the result of the ulceration and entire removal of a small portion of the mucous membrane of the stomach. What produced this ulcer or removal of the lining membrane we are at a loss to infer, for there was not the least possible appearance of disease in any other part. Could the mechanical constriction of the pylorus produce an abrasion or ulceration in this case? But I would here remark that I have never yet found a single case, in which there was vomiting of that peculiar slate-colored fluid, without finding more or less destruction of the mucous membrane of the stomach.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. W. W. Gerhard.

SATURDAY, APRIL 2D.

Reported by T. A. Demmé, M. D.

Gangrene of the Lungs.—The young man just brought into the amphitheatre has the general aspect of a person in good health; that is, he is not broken down, haggard, and excessively emaciated. He is a seaman. His family has no hereditary tendency to any particular disease. For a month he has had a cough. Night before last he had hæmorrhage from the lungs; not much fever; appetite not good; skin is hot; pulse frequent and small; he expectorates a dirty, yellowish brown liquid, having a most disagreeable, heavy, fetid odor. This expectoration generally comes on after a violent fit of coughing.

Percussion.—The entire left lung gives a dull sound; the right side, upper portion, slightly dull; lower portion, about the normal sound.

Auscultation.—Left lung, mucous rhonchus and rude respiration; no bronchial respiration.

Diagnosis.—The dirty brown expectoration, and the oppressive odor, taken in connection with the physical signs, indicate the existence of gangrene of the lungs. These are also the evidences of tubercular disease.

Phthisis and gangrene will often exist together, but they by no means stand to each other in the relation of cause and effect. The diagnosis between the two can generally be easily made, independently of the physical signs of phthisis. The general appearance and the profuse hæmorrhage from the lungs will lead to the detection of the one disease, whilst the fetid expectoration is almost diagnostic of the other. This man has also had hæmorrhage from the lungs, but this occurred in small quantities at one time, and was probably the result either of pulmonary congestion, or of ulceration in the course of the bronchial mucous tract.

Pain, in affections of the lungs, is by no means a guide as to the nature and extent of the disease: it is always the consequence of pleurisy, either primary or intercurrent. The pain of pleurisy is not always marked; at least seven or eight out of every ten persons have had pleurisy, and yet but few may be able to date the time of the attack.

Difficulty of respiration is generally, as in the present case, very great in gangrene. This difficulty is always due to induration of the lung. Patient breathes 32 times in a minute.

The *expectoration of gangrene*, as before remarked, is almost diagnostic—almost: for we sometimes have the fetid odor in certain chronic diseases of the lungs. This is very rare. I have seen it in but two or three cases.

The *Physical Signs* are not positive—the same sounds occur in pneumonia and phthisis—but when gangrene is proved to exist, auscultation and percussion will demonstrate its exact position.

Prognosis in the present case is favorable.

Treatment.—It must be apparent to you that in such a disease as gangrene of the lungs, we must resort to supporting remedies; he takes 24 grains of the sulphate of quinia during the course of the 24 hours. The opiates will be of eminent service in this case, in consequence of their allaying the weakening and prostrating cough. We are giving one-fourth of a grain of opium every 2, 3 or 4 hours, as his condition indicates.

Alcoholic Medicines.—These are to be freely given, not in the forms of wine whey, which in such a case as this would be useless; we have ordered the administration of whiskey in sufficient quantities to produce a slight stimulant effect.

To check the disposition to hæmoptysis, we are giving tannic acid.

For intermittent pleurisy, counter-irritants will be prescribed.

Diet—The most nutritious and supporting.

Tinctura Veratrum Viride.—Dr. G. introduced a number of patients that had been placed under the influence of the above new and popular sedative. The medicine was generally given in the dose of 4 drops every 3 or 4 hours. Under this treatment, one patient laboring under acute rheumatism, had the pulse reduced from 130 to 50 beats a minute, after continuing the use of the tincture for three days.

The veratrum viride is very similar to digitalis in its action, but much more powerful.

Service of Dr. Neill.

APRIL 2.

Syphilitic Iritis.—The man that I now exhibit to you presents a deformity about the eye—the consequence of syphilis. Upon examining the eye, an injection of the conjunctiva is noticed. This is a secondary matter, but around the cornea there is a redness—a pinkish zone surrounding the cornea. This is a symptom of inflammation of the iris. Upon examining the irides it is at once noticed that the color is changed in consequence of the inflammation. Upon a closer examination, we find that the iris is not smooth, but roughened, and also that the pupil is irregular, not oval, but distorted. This is owing to a still further change in the structure; it is the result of the effusion of lymph. Not only is there an effusion into the substance of the iris, but also in the pupil, and in this lies the great danger of syphilitic iritis.

This is iritis, inflammation of one of the most vascular and sensitive organs of the body. The iris is a peculiar structure, both in regard to its physiology and pathology.

The treatment is to be conducted upon general principles. The great object is to prevent effusion and consequent closure of the pupil. If you so modify the condition of the blood that this effusion does not take place, you attain a good end.

In acute iritis you often must resort to depletion and the mercurials and the iodide of potassium, etc. To allay pain and dilate the pupil the ointment of belladonna may be rubbed upon the brow, or a solution of atropia dropped into the eye. This man, however, is laboring under syphilitic iritis, and does not require depletion. In this affection the loss of blood is seldom required, and often it is not necessary to give mercury. This man will be placed under the influence of the iodide of potassium.

Chronic Eczema.—I admitted this man at the gate of the hospital, inasmuch as he is laboring under a very common disease, which, however, is often not properly understood and treated.

There is a discoloration of the skin of both legs—it is a symmetrical disease—the legs are black and blue, consequent upon a congested state of the

capillaries; there is a tendency to a serous effusion, and the skin is disposed to crack. The man has had the disease for eleven years—it is, therefore, by no means an acute affection; he complains of an unbearable itching, which is most severe in the newer diseased portions.

This is chronic eczema, a vesicular disease of the skin.

The treatment is not always unsatisfactory, even in a very chronic case. The limbs should be kept clean and at rest, and enveloped in mucilage for weeks, until the congestion disappears, and then the following ointment applied.

R. Hydrarg. chlor. mit. gr. x.
Hydrarg. ox. rub. ℥j.
Unguent. simp. ℥j. M.

Exophthalmia.—The patient, a colored man, is laboring under what would be called exophthalmia, but in the present case a more correct term would be Prolapsus of the Conjunctiva.

The eye is pressed forward, raising and separating the eyelids, which can no longer cover the eye; but this condition of the eyelids is greatly aggravated by the great thickening and hypertrophy of the conjunctiva. Patient has had disease of the eye, resulting in loss of vision; it is probable that the present condition of the conjunctiva is owing to the congestion which at that time took place.

I propose to-day to remove the mucous membrane, so that the eyelids may be brought together.

The operation was performed, with the favorable result anticipated.

Amputation of the Finger, in consequence of necrosis of the phalanx, resulting from a felon, was also performed.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY EVENING, MARCH 9TH.

Dr. Coates, (President), in the chair.

Subject for Discussion—THE EVILS OF ARDENT SPIRITS AND TOBACCO, CONSIDERED IN THEIR MORAL, SOCIAL AND PHYSICAL INFLUENCES.

DR. CONDIE opened the discussion by remarking that the subject proposed for consideration this evening was one of as vast extent as it was of infinite importance. The proper examination of even the physical evils resulting from the habitual and excessive use of alcoholic drinks was of itself sufficient to occupy profitably many evenings—justice

could not be done to it in the few hours devoted to a single session.

The use of alcoholic beverages produced very different effects upon the human organism, according to the form in which they are taken, and the extent to which they are indulged in. Even the external appearance of those who indulge to excess almost exclusively in one or other of the alcoholic drinks in common use, indicate this difference in their effects upon the functions of organic life. The purple, caruncled face of the wine-bibber, and his gouty limbs, or the burly form, ruddy countenance, and over-distended blood-vessels of the consumer of the stronger malt liquors, form striking contrasts with the pale, melancholy countenance, the emaciated or bloated frame, and feeble gait of such as partake freely of the ordinary distilled liquors of the tavern and gin shop.

In his attempt to introduce the discussion of the question of the evening, Dr. C. found it very difficult to determine where to commence.

When taken into the stomach in moderate quantities, alcoholic drinks act primarily as a diffusible stimulant—increasing temporarily the enervation of the several organs. And to the extent indicated, they may be probably used, provided the dose is not repeated at too short intervals—by an individual of a temperament not too excitable, for a long time, without their producing any decidedly bad effects. The worst influence of such a use of alcoholic drinks would be, perhaps, the creation of a morbid appetite for the pleasurable stimulus they impart, which would be gratified only by constant increase in the dose, until, finally, habits of beastly intemperance become established.

A moderate portion of alcoholic liquor, occasionally taken, may, it is true, at first augment the appetite, but when taken in too large quantity or too frequently, the effect of alcoholic drinks is almost invariably to destroy the appetite, impair digestion, induce an unhealthy state of the blood, and a torpor of the functions of all the organs and tissues.

Dr. C. did not consider it necessary to do more than merely allude to the morbid effects produced by the ingestion of alcoholic drinks upon the mucous membrane of the stomach and upon the liver. The diseased condition of these parts indicated by the terms “drunkard’s stomach,” and “drunkard’s liver,” were perfectly familiar to every student of pathological anatomy.

Its influence upon the brain and nervous system in the production of epilepsy or the more familiar phenomena of delirium tremens, are, also, too well known to the physician to render it necessary that he should do more than name them.

In passing, however, he would remark, that there appeared to be a determination in certain quarters

to entail the horrors of delirium tremens upon the poor inebriate who had been once its victim, by teaching the doctrine that the best and most effectual cure for it is a continuance of or a return to the very alcoholic liquors the use of which produced it.

An idea has been recently started that alcoholic stimulants—in moderate doses, at least—are essential to the well-being of man. That they prevent or retard the wearing out of the system by diminishing the metamorphosis, and consequently “the waste of the tissues.” The fallacy of this new plea in favor of the habitual use of alcoholic liquors has, however, been very successfully exposed. In so far as they can prevent the metamorphosis of tissue, they must be viewed as morbid agents, for just in the same degree will they diminish the vital activity of the organic functions, which is always in direct proportion to the waste of tissue; and will allow an accumulation in the living organs of effete materials, the retention of which is always productive of more or less injury to the health of the system.

Alcohol is not necessary during a healthy condition of the body and mind. The personal experience of Dr. C. was in favor of entire abstinence, during a state of health, from the use of alcoholic drinks, in every form and in any quantity. He had attained a somewhat advanced age with no diminution, as he could perceive, of his physical and intellectual powers, and with very infrequent and short spells of actual disease.

Dr. C. did not, however, believe, as did many of his friends, that the use of alcohol in even the smallest doses was positively injurious. There are some, no doubt, who, were they to confine themselves, always, in the use of alcoholic liquors, within the limits of strict prudence, might possibly be even benefited by them. We know this, at least, to be a fact, that there are individuals who use daily a moderate portion of such drinks, without apparently experiencing any bad effects from the practice. But even with this confession, Dr. C. feels the same desire to banish, were he able, the use of alcohol as a beverage during a state of health.

It may be confidently affirmed that, out of every ten individuals who partake of alcoholic drinks habitually, in any form or in any quantity, five, at least, will, sooner or later, be induced gradually to increase their dose or the frequency of their potations, until intemperance with all its evils, physical, social, and moral, becomes entailed upon them.

There is another objection to the habitual use of alcoholic beverages, even though they be taken to an extent short of that necessary to the production of intoxication, and that is, the positive deterioration of what may be termed constitutional resistance to morbid agencies. By the earlier writers on the yellow fever, as it occurred in the West India Islands,

we are assured that those who used ardent spirits were far more liable to be attacked by the disease than those who did not make use of them, and that in such it assumed a much more fatal character. Few of the English residents who persisted in drinking daily their brandied port, or exchanged this for the fiery rum of the islands, escaped an attack during the prevalence of yellow fever, in its most malignant and unmanageable form. While the French, who partook sparingly of their weak, acid wines, and well diluted withal, under the same condition as to acclimation, were rarely attacked, or when they did not escape, had the fever in its mildest and least fatal form. The same fact has been verified by more recent observers. Again, we find that persons admitted into our hospitals with any severe accident, who have been in the constant use of a large amount of alcoholic drink, are more difficult to manage, and more frequently sink under their effects, than when the same extent of injury occurs in the strictly temperate. Accidents occurring in the intemperate, or operations performed upon such, are apt to give rise to a peculiar nervous condition, or to an attack of delirium tremens, by either of which the case is seriously complicated, and the patient's chance of recovery materially diminished.

Dr. EMERSON remarked that in the time of Dr. Fothergill it was that French brandy was first introduced into England, and he had the reputation of having introduced the practice of administering it in small quantities, which, he thought, operated favorably on many patients. However, Dr. F. lived many years, and said he saw the day when the practice which had been thus innocently introduced, had made its thousands of victims, and produced a distressing condition from the dissipated habits which were engendered from this.

There was no doubt that Fothergill was correct in his impression of having found benefit from the use of small quantities. Dr. Emerson himself was very careful in prescribing this stimulant. In country practice, it was formerly much the custom among nurses in the lying-in room, to call for alcohol to give the patient. This he had always discouraged, except in very great emergencies. He has met with cases of indigestion where this was of great benefit, in say teaspoonful doses, but even here he was exceedingly cautious, lest the craving be introduced, and which is one of the most difficult things to contend against.

Dr. THOMAS disagreed with Dr. Condie to a certain extent. We must always bear in mind the great difference between the use and the abuse of anything—the medical and the dietetic employment of an article. He was much opposed to its daily use in any form, but, at the same time, he believed that

there were many diseases in which alcohol is of immense service. Early in his studies he had met with a remark by a father in medicine, which was "that he had met with greater good from wine whey and carbonate of ammonia than from all the other articles in the *materia medica*." The alcoholic preparations were extremely valuable, and he even considered them indispensable in his practice. He was fully aware that he was much in the minority in such views, that many were opposed to them, and that some physicians will not use any form of liquors, even in the greatest prostration, and yet had claimed for their practice the greatest success. He considered it proper to state his views, and endeavor to maintain them, as thus all sides of the question would be more fully brought out. He never thought he had done his duty if he withheld alcohol from his patients, especially after severe flooding had produced great prostration. He considered it a perfectly safe stimulus. Concerning the treatment of delirium tremens, also, he differed much from those who had just spoken. When he was connected with the Philadelphia Hospital, the mania-a-potu wards were under his care. He was desirous of trying some experiments on such cases. In each instance, particular attention had been paid to the history of the case, and also to the subsequent result, and in three months but one case was lost, though there had been a large number under treatment, and all of the worst form. We all know, too, what kind of patients are found in such institutions—broken down by venereal excesses, by the immoderate use of the very worst kind of liquors, etc. To these cases he gave good whiskey, and invariably found that he could sooner put them under the influence of opiates, etc., after having thus stimulated the brain, than he could without it. He thus brought them up to their *normal* state, at least normal for them at that time, and then the remedies could act with their full effect. It has been well said, that if these cases do not sleep, they are apt to sink from the great exhaustion thus induced. He could confirm Dr. Condie's remarks concerning the extraordinary fatality of accidents in hospitals among those who are given to the habitual employment of alcoholic stimulants. These, however, are not the result of the use, but the abuse, the dietetic, not the medical employment of alcohol.

In advanced consumption he believed that alcohol was a most valuable agent, and there, of course, it was used only as a dietetic. We are all in the constant habit of using cod liver oil in these cases, to build up the system, though it contains no nitrogenized material; but it gives lime; and, as it were, extends the lease of life over a greater space, though the disease is still progressing, while the patient and his friends believe him to be fast recovering. After

having been fattened up by this article, he suddenly sinks and soon falls a victim to the disease. Now alcohol contains the same elements—carbon, hydrogen and oxygen; it produces what is familiarly known as the "drunkard's liver," a fat liver, and causes a free deposit of fat in other portions of the body. We want the patient to make nitrogen from the albuminous and fibrinous element in his food, and, to do this, he must go out and breathe the fresh air, and take exercise, all which he is enabled to do by the employment of this temporary stimulus. He digests more food; and has an ability to take that due amount of exercise so needful for him. Dr. T. had seen much good to result in this way from alcohol.

Again, in cases of prostration, as from flooding after parturition, or from a shock from some injury, he considered alcohol as extremely serviceable. There was yet another condition of the system in which it would be highly beneficial, as where the patient had passed through the inflammatory stage of any disease, and could not yet take sufficient food, was much prostrated, etc. Here he would exhibit wine whey or weak milk punch.

Dr. CONDIE remarked that so far from there being any dispute between him and the gentleman who had just spoken, he was happy to say that he agreed with him fully in everything he had said in regard to the employment of alcoholic fluids as therapeutic agents. In the treatment of many diseases he was certain that he could not do without the employment of alcohol in some form or other. Though in practice a *total* abstainer, so far as regards the use of alcoholic fluids as a dietetic drink, or "innocent indulgence," he nevertheless believes that his own life was preserved by the employment, during a severe attack of disease under which he labored this time last year, of wine in tolerably large doses.

It certainly went "much against the grain," when he found himself under the necessity of submitting to its use; he confessed, however, that it had proved in his case a most valuable remedy.

Dr. C. had, very recently, under his care, a young child, who, in consequence of a badly managed and protracted case of vesicular pneumonia, had been brought to the lowest condition of debility compatible with the continuance of life, and who was saved by a resort to small quantities of brandy given in calves foot jelly, dissolved in water. He was well convinced that alcoholic drinks, carefully and timely administered, would produce the most beneficial effects in perhaps the majority of cases of delirium tremens. In some cases of this disease its use was, however, of doubtful propriety. Occasionally, in connection with the pathognomonic symptoms of delirium tremens, we have unquestionable evidence of the existence of more or less disease of the me-

ninges of the brain. Under such a condition of things there would be danger resulting from the employment of alcoholic stimulants. He is convinced that the use of the latter is rarely, perhaps never required to insure the cure of delirium tremens. Neither are large doses of opium demanded for the arrest of the disease. Dr. C. has found no difficulty in arresting it by the administration of antispasmodics, especially of the foetid class, alone, or in conjunction with moderate doses of opium or of Hoffman's ether. He had, a short time since, in one case, effected a prompt and complete cure by causing the patient to inhale a combination of chloroform and ether. The great desideratum in delirium tremens is to procure sleep; the patient must sleep, or his recovery is impossible.

The preceptor of Dr. C. had been peculiarly successful in his treatment of the disease. He invariably prohibited his patient the use of alcoholic drinks, and put them upon pretty free doses of opium, with valerian, assafoetida, Hoffman's anodyne, etc. This was also the practice of the late Dr. Kuhn, as laid down in a copy of MS. notes of his lectures on materia medica, in the possession of Dr. William Currie, of Philadelphia.

When Dr. C. gives opium in delirium tremens, he is accustomed, almost invariably, to combine it with ipecacuanha, or to give it in the form of Dover's powder.

Dr. C. believed with Dr. Thomas, that delirium may be cured by alcoholic drinks, but doubted whether the employment of these was not liable to produce as much harm as good, by inducing ignorant persons, with already a morbid appetite for alcoholic stimulants, to continue in their indulgence—an indulgence which their medical attendant has declared necessary to enable them to escape from "the horrors" of delirium tremens, and thus seal their ruin physically, socially and morally.

In cases of sudden prostration Dr. C. every day employed some form of alcohol, and he should not consider that he had done his duty to his patients did he neglect its use in such cases.

He might enumerate, in addition, a large number of instances in which alcoholic fluids were, confessedly, extremely serviceable. Thus, in many cases of tuberculosis of the lungs, he has found sound wines and malt liquors very useful, and at an earlier period than that suggested by Dr. Thomas.

Dr. EMERSON spoke of the employment of alcohol in large quantities, so as to produce intoxication, in cases of persons bitten by serpents or rabid animals. He had heard of many cases, and believed recovery had taken place in extreme cases, which were well authenticated.

Dr. MAYBERRY observed that as *delirium tremens* had been incidentally introduced, though not properly under discussion, he would ask permission to

make a few remarks upon that point. He had written a thesis on this subject, prior to his graduation at the University of Pennsylvania, in which he took strong ground against the use of alcohol in the treatment of delirium tremens, on account of the many "moral, social and physical evils," which its use, as a common beverage, was entailing on humanity, and which, he contended, the professional sanction of its necessity in the disease in question would tend still to increase, and render the reformation of the inebriate less frequent and much more difficult. He held the post of Resident Physician at the Philadelphia Hospital in 1843 and '44, and availed himself of opportunities which a series of concurrent circumstances—which placed the lunatic wards, both male and female, for a time, almost solely under his care—rendered particularly favorable for carrying out his anti-alcoholic views in the management of this disease. He had charge almost exclusively during the early three months of his residence there, of the female lunatic wards, in which a number of patients were admitted laboring under delirium tremens, and in nearly all these cases, with but few exceptions, he used opium and its preparations, valerian, assafoetida, Hoffman's anodyne, and the antispasmodics generally, with as great success as that mentioned by Dr. Thomas, as derived from the alcoholic practice. Subsequently, the last three months of his service, he also had charge of the male wards for this affection, and treated a much larger number of cases, principally in the first and second stages, but accompanied with the various complications which are not unfrequently met with in that institution. In these he employed a similar treatment, giving alcohol to but very few, and then only in extreme cases—where he was unwilling to assume the responsibility of the issue against the established custom of the house. He does not now remember (having mislaid the statistics for the quarter) that a single death occurred during that period. In the male wards, during the whole year, out of 257 cases, exclusive of 84 recorded as intoxication, there were five deaths, three of which died in the third stage—one but a few hours after admission, and the others with complications. It was the prevailing practice of the house to give brandy, and his colleagues, during their terms of service, used it very freely. Hence, it is proper to ascribe at least a fair proportion of the mortality during the year, if not all, to the alcoholic practice, as that was used nine months out of the twelve. Several of the patients were known to have had repeated attacks.

He also employed other remedies, besides the antispasmodics already named. In some instances he gave emetics and purgatives; in others carbonate of ammonia, oil of amber, bitter infusions, etc., etc.

[To be continued.]

Reviews and Book Notices.

On Poisons in Relation to Medical Jurisprudence and Medicine. By ALFRED SWAYNE TAYLOR, M. D., F. R. S., Professor of Medical Jurisprudence and Chemistry in Guy's Hospital, Examiner in Chemistry, etc., etc. Second American, from the Second Revised London edition. pp. 755. Philadelphia: Blanchard & Lea, 1859.

Dr Taylor, the author of the above work, is probably the most eminent toxicologist of the age. To the medical and legal professions he is well known as the author of a *Treatise on Medical Jurisprudence*, and of the work before us, this being the second American, from the second London edition.

As the criminal use of the various toxic agents is constantly increasing, there being no legal restraint upon the vending of poisons, the medical man is at any time liable to be called upon to give testimony in cases of murder by poisons, or to administer antidotes in cases of attempted suicide or murder. Hence, a work of the kind before us is one which is indispensable to a complete library, and we know of none superior to the one under consideration.

The paper, print, binding, etc., are all in the substantial style so characteristic of Blanchard & Lea's publications.

What May be Learned from a Tree.—By Harland Coultas, author of "Organic Life the same in Plants as in Animals," etc. Part II. For sale by John Alexander, No. 52 south Fourth street, Philadelphia.

We have read with interest the second part of this work just published. Its author is a thoughtful and enthusiastic student of nature, who brings to the task in which he is engaged, the ripe experience of years of toilsome application. Wishing him every success in his enterprise, we commend his work to the kind consideration of our readers.

Reports of Hospitals for the Insane.—We have before us the reports of the *Pennsylvania Hospital for the Insane*, located in this city, and of the *New Jersey State Lunatic Asylum* located at Trenton, both for the year 1858. Dr. Kirkbride reports 230 patients in the Pennsylvania Hospital, at the commencement of the year, 131 admissions and 131 discharges, leaving 230 under care at the close of the year. In the New Jersey Hospital Dr. Buttolph reports 279 patients at the commencement of the year, 147 admissions, and 133 discharges, leaving, at the close of the year, 293 in the hospital.

The practical working of these hospitals in a curative point of view, may be judged of from the number who were cured or improved. Thus we find the following statistics:

	<i>Penn'a Hosp.</i>		<i>N. J. Hosp.</i>	
Discharged cured,	63		62	
" much improved,	12		00	
" improved,	29		51	
	104		113	

This shows a large number restored or partially restored to health from a species of madness which, until within comparatively a few years, was considered incurable.

There are some statistics in Dr. Kirkbride's report which but for lack of space, might be profitably studied. We will advert simply to the remarkable uniformity in the number of patients in respect to sex as exhibited in the following table:

	<i>Penn'a Hosp.</i>		<i>N. J. Hosp.</i>	
	M.	F.	M.	F.
Number in the house during the year,	180	181	207	219
Highest number at any one time,	125	125		
Number at beginning of year,	117	113	135	144
Number at close of year,	115	115	148	145
Admitted during the year,	63	68	72	75

And this general law will be found to hold if we were to carry our investigations back, and include the whole period of the existence of each hospital.

We regret that we have not space to examine into the valuable tables in Dr. Kirkbride's report on the influence of occupation, age, etc., in the production of mental disorders.

We observe that both reports speak of the crowded state of the respective hospitals, and their inability to accommodate all who apply. In the case, however, of the Pennsylvania Hospital there is prospect of speedy temporary relief at least, when the new buildings are completed. The good that these institutions accomplish, commend them to the sympathy of our communities and State Legislatures.

In his report, Dr. Kirkbride particularly deprecates the too early removal of patients from the hospital. We are much pleased with the plans he adopts to amuse and instruct the patients under his care. They must form an important element in the success of the treatment. Both institutions are turning to good account in the treatment of the insane the employment of the inmates in horticultural and agricultural pursuits.

Editorial.

A UNIVERSITY!!

Not a State, not a Northern nor a Southern, but a *National* University—Are we to have one? That is a question that has been gravely asked again and again. It has been agitating the minds of our savans for years, and some of them think that it is in a fair way of being solved. We learn from the *Boston Atlas* that a meeting was recently held at a private house in that city to compare views on the subject.

"About twenty gentlemen were present from various parts of the country, embracing some of the most refined and cultivated intellects of our own State, as well as representatives from Louisiana, Virginia, Pennsylvania, Ohio, New York, and Maine. Some wealthy individuals, to whom the subject has been mentioned, have pledged themselves to contribute \$500,000 as the nucleus of a fund for the endowment of the institution. A committee was appointed to wait upon other men of wealth as soon as their plans have been matured, and one gentleman, prominent in intellectual circles, is to proceed to Europe shortly for the purpose of visiting the most noted Universities of England, Germany and Prussia, previous to arranging the details of a system upon which the proposed University is to be conducted. It is contemplated to carry out the undertaking upon the most comprehensive scale, and to present to the students of our country an opportunity for securing a more thorough acquaintance with every department of science, arts and literature, than can be obtained even at Cambridge or Oxford."

Excellent! excellent! and we sincerely hope that the plan will be carried out, that sectional feelings will be controlled, and that while the institution is placed under proper religious influences, that sectarian jealousies will not be suffered to stand in the way of a full realization of the hopes and wishes of the projectors of the enterprise. We confess, however, to having great fears that it will be many years before this very desirable object can be attained.

If a National University should be established, it would have the effect, perhaps, of giving a new turn to the question now, to a certain degree, agitating the medical mind of

our country, of a second degree in medicine. The Medical department of such an institution as the one proposed, could very readily shape the course of medical studies, and establish a standard of medical acquirement for our country.

By all means let us have the University—and, by way of forestalling sectional disagreements as to its location, we propose that it be located at the Federal capital, where everything national ought to centre. Of course our readers in every State of the Union will second that proposition.

FAIRMOUNT PARK.

The *Evening Bulletin*, of this city, publishes from the *Gardener's Monthly*, a map and description of the plan adopted by City Councils, of Fairmount Park, located on the Schuylkill, above the water works of that name. The plan is an excellent one, and the park, though of small size, will be one of the finest, in all respects, in this country. It is beautifully diversified with hill and dale, and skirts the eastern bank of the Schuylkill for more than a mile.

In one portion of the park provision is made for a Zoological Garden, which will be occupied probably, by a society which has just been chartered by the legislature, under the title of the "Zoological Society of Philadelphia," whose object shall be "the purchase and collection of living wild and other animals, for the purpose of public exhibition at some place in the city of Philadelphia, for the instruction and recreation of the people." Another portion of the grounds is devoted to the use of the Pennsylvania Horticultural Society. These are to be modeled after the zoological gardens in Regent's Park, London, and the *Jardin des Plantes*, in Paris. The whole park covers an area of about one hundred and ten acres. We most heartily second the suggestion of the Editor of the *Gardener's Monthly*, that the city secure the ground bordering on the west bank of the Schuylkill, and thus enlarge the park, which is much too small, though well planned for its size.

Money expended in this way by our large cities is well invested, and yields a heavy percentage on the outlay in the improved health of their inhabitants, for to communities the health, that is, the capacity to labor, of their working classes, is their wealth, and any money expended in preventing disease, or in ameliorating or hastening its cure, is well invested.

We hope yet to see another park in our city, somewhere in the northern section of it; one that will cover an extent of ground that we scarcely dare mention, but whose area will at least be counted by hundreds of acres. It should be a *forest* rather than a *garden*, should have extensive facilities not only for driving and walking, but for athletic and gymnastic exercises of all kinds, and every facility and inducement should be given to our boys and young men, who now lounge around our street corners and wharves, to resort to it. The *moral*, as well as the physical effect, would be incalculably good.

WOMAN'S HOSPITAL, NEW YORK.

The new building for the Woman's Hospital will soon be commenced on a lot of ground recently occupied as the *potter's field*, donated for the purpose. An extensive exhumation is now proceeding preparatory to laying the foundations of the structure. A sufficient fund has been already raised to commence the building, which when finished will stand as one of the grandest monuments of the blended science and humanity of the age, and will render imperishable the fame of our distinguished countryman, Dr. Sims, who has done so much to obliterate some of the severest of human afflictions, and to whose energy and philanthropy the City of New York is indebted for the origin of this noble charity.

QUARANTINE AND SANITARY CONVENTION.

The Third Annual Meeting of the Quarantine and Sanitary Convention, will be held in the City of New York on Wednesday, the 27th of this month, at 10 A. M.

This meeting will be of the greatest interest and importance. The subject of public hygiene is now deservedly attracting the attention of every enlightened community and the report of the committee to be presented will be an embodiment of the present state of knowledge of quarantine and sanitary science.

The College of Physicians of this city have appointed Drs. Jewell, Condie, Ruschenberger, Bell and La Roche, delegates to the convention.

Prolapsus of the Funis.—Dr. William C. Rogers, of Green Island, Albany county, New York, is collecting statistics on this serious complication of labor. As statistical information is of the utmost importance in investigations of any kind in our profession, we hope that our readers will co-operate with Dr. Rogers, and furnish him with the means of preparing a complete essay on the subject.

The following are the points on which he seeks information:—Age; Pregnancy, number of, period of; Presentation; Complication; State of Funis during Labor; State of the Maternal organs; Duration of Labor; Means used to preserve the Funis; Mode of Delivery; Child, sex of, fate of; Remarks.

The Metropolitan Convalescent Institution receives from the numerous hospitals and the crowded courts and alleys of London, many patients whose only hope of recovery is pure air, rest, and good diet. It contains one hundred and thirty-four beds, and admitted during the last year eleven thousand two hundred and one patients, most of whom were restored to health in little more than three weeks, and able to return to their work.

Correspondence.

We have received, directly or indirectly, a number of communications from different sections of the country in regard to various forms of imposition practiced on the community by quacks of various grades of pretention. We are always glad of the opportunity of exposing quackery by enlightening the profession on the subject, who should embrace every opportunity of warning the public.

The following communication comes to us

from a responsible source. We hope that our numerous readers at the south will look out for this fellow. As he is an *unfledged* "doctor," it might not be amiss to *fledge* him if he can be caught!

GROSS CREDULITY.

About two or three months ago I was shown a piece of colored gelatin, with a device upon it representing two figures holding up a heart apparently in flames, having on the upper part the words, "*received as a secret*," and on the lower, "*and kept as a secret*." An itinerant, I was informed, sold these in various parts of the country for *fifteen dollars* each, the gelatin to be worn on the pit of the stomach for the cure of epilepsy. The conditions were, that if no cure was obtained the money should be refunded. According to my informant, no fewer than *six* had, to his knowledge, been purchased in the county in Virginia in which he resided, a fact which argues strongly for the great prevalence of epilepsy in that locality, or what seems far more probable, for the existence of the grossest credulity and aptitude for deception. The address given by the itinerant was Mr. Simon A. Gump, No. 512 north Fifth street, Philadelphia. By reference to a directory of 1857, I find the only person by the name of Gump to be Simon Gump, peddler, at the house whose number is given above.

I had intended referring to this illustration of credulity and imposition at the time, but the matter escaped me, and it was not until my memory was freshened by the receipt of further information, that it recurred to me. By a letter from Alabama, I learn that that State had been visited by this vendor of quack medicines. Doubtless, after practising in Virginia and other southern States, at enormous profits, disposing of his stock of gelatin, the manufacture of which, by the gross, would probably cost him but a few cents, he has had recourse to other means, equally objectionable, of pursuing his traffic in the villages and towns of Alabama and the extreme South. An extract from a letter from a gentleman in that State will convey some idea of the extent to which this business has been carried.

"Mr. J. B. wishes you to inquire of the medical fraternity of Philadelphia if there is a personage residing there, or has been within the last year, by the name of Dr. Simon A. Gump, a Frenchman by nativity. A man by that name has been traveling through this country, professing to be a cancer curer, and

professing to cure all chronic diseases. Several persons in this section of the country have taken his medicines and have not received any benefit. He will not undertake any case without he is paid from fifty to three hundred dollars in advance. Mr. B. paid him about fifty in advance, and I think he is a perfect humbug, humbugging the people for their money. Please write me after you make a little inquiry, and let me know his standing as a cancer curer and a medical practitioner."

I cordially endorse the writer's opinion of the merits of this self appointed "medical practitioner," and trust that the medical and other journals of the South and South-west will copy this article, for the benefit of suffering humanity in that district of country. †

Periscope.

FOREIGN.

Application of Glycerine in Variola.—(From the German, by T. A. DEMME, M. D.)—The terrible disfigurement that Variola often inflicts upon its victims, is one cause of the dread and horror that man instinctively feels at the approach of this loathsome blight. Notwithstanding the earnest endeavors of the physician to discover some therapeutic application that may protect his patient against the pitting and seaming which this disease so often leaves, we are compelled to admit, that comparatively little has been done towards accomplishing this object—mercurial plaster and ointment and penciling with astringent solutions failing to insure against deformity.

Dr. Posner, editor of the *Medic. Central Zeit.*, in the January number, 1859, of his journal, recommends the application of Glycerine in Variola, affirming that it protects and secures the patient against the variola deformity.

He was led to the use of glycerine, in consequence of the entreaties of his patients for some application that would relieve the distressing pain in the pustules; for this purpose he directed the anointing of the painful parts, every two hours, with pure glycerine; his anticipations were answered—the pain and tension being overcome.

It chanced that the first two patients, upon whom the remedy was tested, were completely covered with pustules, which, upon the face, were confluent. Great deformity was expected

—but when the scabs fell off, contrary to every anticipation, the scars that remained were small and on a level with the skin—they were, however, of such a dark color that the patients looked like mulattoes.

Out of instinct, not in obedience to direction, the convalescents continued the application of the glycerine, and, after six weeks, the discoloration had disappeared, and the scars were scarcely visible.

Since then a number of patients have been thus protected.

Great care must be taken that the glycerine is perfectly pure.

Paediatric.—Sémenas calls attention to a symptom which frequently occurs in children during dentition, particularly when the teething is not accompanied by the usual consensual Diarrhœa. The particular symptom referred to, (*Gaz. Méd. de Lyon*) consists in a characteristic Rhonchus, the result of a catarrhal hypersecretion of the respiratory mucous membrane, which occurs during every act of dentition. This sound, to which Sémenas gives the name *Bruit de la marmite qui four*, is scarcely ever accompanied by a cough—it is most marked during sleep or violent exertion, and may be heard at some distance from the patient.

As before said, this Rhonchus does not occur whilst a child labors under Diarrhœa.

Aesculus Hippocast. in Intermittent Fever.—Mouchon publishes the results which a Dr. Monvenoux has obtained by the administration of Aesculin (bitter extract of the *Aesculus H. Horse Chestnut*) in Intermittent Fever.

The medicine was prescribed for thirty-two patients, of which twenty-eight were laboring under the Fever and four under intermittent Neuralgia; of the former twenty-two were cured—the remaining six requiring the Sulphate of Quinia—of the latter, two were cured.

The Aesculin was given in doses of one or two grains during the apyrexia.

Therapeutic Applications of Sulphate of Atropia.—Dr. F. Scholz (*Wien. Ztschr.*) induced by the known effects of Atropia in dilating the pupil—the often curative effect in Epilepsy, and the favorable results obtained in alienations of the sensibility—has prescribed the sulphate of this alkaloid in a number of diseases in which sensibility and motory nerve activity were affected. The average dose was

1-20 of a grain given in solution. The medicine was tried in the following diseases:—

1. *Epilepsy* (eight cases) with complete cure in some cases and amelioration of the symptoms in other.

2. *Neuralgia of the Face* (two cases); in one case, consequent upon exposure eight days previously—a complete cure after pursuing the treatment for eight days; in the other case the internal administration failed to relieve the symptoms, the endermic application was then resorted to, effecting a cure in three days.

3. *Singultus* (ten cases)—in some cases almost an instantaneous cure—in other no effect.

Iridectomy.—The operation of Iridectomy has been hitherto confined to the formation of an artificial pupil—the great Ophthalmist of Europe, Von Graefe, has brought the operation prominently forward as answering several other indications.

In the *Allg. Medicin. Zeit.*, Dr. Forster refers to the following diseased conditions in which Iridectomy has proved of great value.

1st. In central opacity of the lens an eccentric pupil enables the rays of light to pass through the clear peripheral portions of the lens.

2d. In chronic iritis. Excisions from the iris do not cause inflammation, but seems to remove congestion; Graefe resolved to try iridectomy as an antiphlogistic measure, his success far exceeded his expectations, the operation exerting a beneficial influence even when the iritis was accompanied by affections of the cornea, and choroid coat.

3d. In cases of adhesion of the iris to the capsule of the lens.

4th. In Glaucoma; Graefe positively asserts that in many cases this terrible disease is arrested, and sometimes the already weakened sight re-invigorated.

Hernia, formation of.—A very valuable paper upon the above subject appeared in the *Archiv. f. Physiol.*, 1858. The author, Dr. W. Roser attacks, and with powerful arguments, the received view of the *sudden formation of hernia*. That upon the occurrence of some violence the intestines are forced through the abdominal walls carrying with them a complete peritoneal covering.

The author draws a distinction between the hernial sac and the contents thereof; it is im-

possible to diagnose the existence of an empty hernial sac, only when intestine enters the sac can its existence be proved.

Umbilical hernia is the only species of hernia that the author admits can be so *suddenly formed*.

Femoral hernia is developed in the following manner. Masses of fat deposited in the subserous, subperitoneal tissue, gradually insinuate themselves between the fibres of the septum crurale causing the absorption thereof until they are covered by the superficial fascia only: the more advanced masses of fat now enlarge and glide forward and downward the peritoneum following, and thus gradually the femoral sac is formed. In old femoral herniæ these masses of fat can no more be detected—but in the recent rupture, many autopsies have proved the correctness of the views advanced.

The *inguinal hernia* which has hitherto been looked upon as of spontaneous origin, is always *congenital as far as the hernial sac is concerned*. This assertion is substantiated by the account of many autopsies made upon persons that were regarded as perfectly sound and healthy during their life-time, almost invariably the communication of the *tunica vaginalis testis* was not obliterated. The deduction follows that the inclination to the formation of inguinal hernia is the result of greater or less patency of the vaginal process of the peritoneum.

AMERICAN.

Tracheotomy.—Dr. Brainard, of the *Chicago Medical Journal*, gives the following as his method of preventing hemorrhage in this operation, and keeping the opening in the trachea pervious without resorting to a tube: "Having incised the skin and fascia by successive and careful incisions, I press the sterno-hyoid and sterno-thyroid muscles to each side with the fingers, and thus expose the thyroid body. This effected, I pass under the isthmus a director curved or an aneurismal needle. This is followed by a common suture needle, which may be passed with the blunt end foremost, armed with two very strong ligatures. A ligature is then tied very firmly on each side, and the isthmus of the thyroid body divided between them. A little dissection with a blunt instrument denudes the trachea to the required extent, and an opening can be made without a drop of blood being drawn into it. The ligatures which have been thus se-

cured, save the purpose of fixing the trachea, if desirable, and they may be tied behind the neck so as to raise it forward and keep the wound open.

"The necessity of using the tube I avoid by the following means: Having denuded the trachea, insert a small suture needle, armed with a ligature beneath two of its rings. Withdraw the needle, and drawing gently upon the thread, make a semi-circular incision on one side so as to form a *valve*, readily opened by drawing upon the thread. The opening thus formed can be kept patent or be allowed to close at will."

Lithotomy in Young Children.—Dr. Hammond, of Macon, Ga., reports in the *Southern Medical and Surgical Journal*, a successful operation for stone in a boy aged two and a half years. He says that the operation was twice successfully performed by Keate, at St. George's Hospital, at the age of twelve months. John Hunter operated on a child eighteen months old, and Civiale refers to one cut at the age of ten weeks.

Detection of Pregnancy by Ergot.—A writer in the *Boston Medical and Surgical Journal* recommends the administration of small doses of ergot, for the purpose of detecting pregnancy, and after an experience with it of several years, it has seldom failed, in his hands, to furnish the evidence sought. The specific action of the ergot is only communicated to the gravid uterus. The writer (who should have given his name) says that ergot can be given with entire safety in sufficient quantity to accomplish the object sought. It should be given in small doses until there is uneasiness in the back, or pain in the upper part of the thighs, and then withdrawn.

On Constipation.—Dr. J. R. Black, of Linnville, Ohio, recommends (*Lancet and Observer*) the *bichloride of mercury* in those cases of constipation in infants and pregnant and nursing women, in whom the nutritive processes are very active, causing an excessive absorption of the intestinal liquids, accompanied by a want of normal secretion in the mucous follicles of the bowels. In these circumstances he has found the bichloride of mercury to act as a laxative by stimulating the intestinal secretions.

He instances two cases. The first is of an infant six months old, whose bowels were in

that constipated condition that is perfectly familiar to most practitioners, to whom he administered the corrosive sublimate in doses of one-twentieth of a grain three times a day. The remedy acted so well as a laxative, that the dose had speedily to be reduced one-half and two-thirds, and finally discontinued altogether.

The other case is that of a pregnant woman, who had twice aborted in consequence, apparently, of obstinate constipation, and who in her third pregnancy was again threatened with symptoms of abortion from the same cause. The corrosive sublimate was resorted to successfully. The conclusions in these cases, Dr. Black tells us, are supported by many others.

He administers the corrosive sublimate in combination with the extract of sarsaparilla.

Sulphate of Cinchonia.—Dr. John T. Plummer, of Richmond, Indiana, who lets few things escape his observation in the literature of medicine, communicates to the *Lancet and Observer* some observations and experiments on the use of sulphate of cinchonia in intermittent fever, made by Marianini, Bardsley and others, which were published thirty years ago. The conclusion to which they came was that it was scarcely inferior to quinia in the treatment of that disease. Marianini considered it as equal to the sulphate of quinia, besides possessing the advantages of less bitterness and greater solubility in water. He generally gave thirty grains, divided into three portions, during the day (the apyrexia?) though he sometimes gave as high as twenty grains at a dose.

Dysmenorrhœa.—Dr. W. O. Barker, of Omega, Texas, (*N. O. Med. News and Hosp. Gazette*), believing that dysmenorrhœa partakes strongly of the nature of rheumatism, recommends the following formula, which he has used in its treatment with unbounded satisfaction:

R Guaiaci resinæ ʒj.
Potassæ nit.
Sulphur ʒj. M.

All to be well ground in a mortar, and put into a pint of brandy or good whiskey, and taken in tablespoonful doses morning and night.

Amputation for Progressing Gangrene.—Dr. J. J. McElrath, of Camden, Ark., in some very interesting surgical memoranda published

in the *New Orleans Med. and Surg. Journal*, details two cases of successful amputation for progressing gangrene, one a double amputation of both legs just below the knee, the other at the middle of the thigh. In one of the cases gangrene reappeared in the flap. It was, however, successfully combatted by free incisions through the diseased portions, a vesicating plaster made to embrace the entire stump as high as the hips, with the free use of stimulants.

Sulphur as a Dentrifice.—Dr. C. W. Wright says, in an article on this subject in the *Louisville Medical Gazette*, that the common flowers of sulphur of the drug store possesses advantages over all other substances on account of its antiseptic properties, its exerting no injurious action on the teeth, either chemical or mechanical, its ready preparation and cheapness. The sublimed sulphur must be freed from any acid which it may contain by agitating it in water in which a small quantity of carbonate of soda has been dissolved, and then freed from the soda by repeated washing in cold water.

Sanguinaria Canadensis in Dysmenorrhœa.—Dr. John D. O'Conner, of Sunfish, Ohio, recommends (*Lancet & Observer*) the tincture of *Sanguinaria Canadensis* in dysmenorrhœa. He gives a teaspoonful of the tincture three times a day, and a tablespoonful on going to bed, commencing a fortnight before the expected return of the menses. At bed-time he gives a foot bath, or, in bad cases, a sitting bath. If this does not have the effect of restoring the discharge, he omits the remedy a fortnight, and then resumes it. Dr. O'Conner has used this remedy with uniform satisfaction for twelve years, and it would seem to be worthy the attention of our readers.

Persulphate of Iron as a Hæmostatic.—Dr. James F. Hibberd, of Richmond, Indiana, publishes in the *Lancet & Observer* his experience with the above remedy in a case of obstinate epistaxis. The patient had lost about one hundred ounces of blood within a little more than eight hours time. Having cleared the nostril of all coagula, and washed it out with two syringefuls of cold water, he injected with a common glass penis syringe fʒss of a mixture, consisting of a solution of persulphate of iron one part, and rain water ten parts. The bleeding ceased at once com-

pletely, and did not return. Nor was there any oozing of blood, for the nostril remained open, and breathing through it was easy.

The following are the points worthy of notice: 1st. The hemorrhage, after having resisted all ordinary remedies, was arrested at once upon the application of a dilute solution of the persulphate of iron. 2d. The application was convenient, and without pain to the patient. 3d. The nostril was left clear of clots, irritation, or other unpleasant consequence of either the lesion or the medication.

The preparation used by Dr. Hibberd was a solution of the salt as made and used for many years as a ferruginous tonic by Dr. John T. Plummer, of Richmond, Indiana. The following is Dr. Plummer's formula:

R Sulphate of Iron, $\mathfrak{z}$ iiss.
Nitric acid, $\mathfrak{f}$ 3ij.
Water, (pure) $\mathfrak{f}$ 3xss. M.

Triturate the salt and the acid together for fifteen minutes, then add the water and filter through paper.

Hospital Instruction in Paris.—Dr. Benjamin Lee, of New York, in a letter from Paris to the *American Medical Monthly*, has the following remarks on the subject of hospital instruction in Paris.

"There are two features of the Paris Hospital system which deserve especial attention, from the facilities which they offer to students. The first is their division into specialties, the devoting of separate institutions to the treatment of special diseases or classes of diseases.

"The second peculiar feature which I would mention is one so generally known in America, that it is a little singular that it has never been adopted. I refer to the practice of giving clinical lectures to small private classes, on the part of the house physicians (internes) of the hospitals. The student in Paris very soon finds that there are no courses so profitable as these; and the reasons are obvious. The Professor in his public round must visit every patient, while the assistant with his private class can devote all his time to a few of the more interesting cases. The responsibilities which rest upon him make him a careful observer of all their peculiar features, while his intimate association with the visiting physician puts him fully in possession of both his knowledge and his opinions in regard to them. Add to this the fact that each member of one of these small classes has an opportunity for a

thorough examination of each patient himself, and for testing his powers of diagnosis, and the reasons for the peculiarity of these courses will be sufficiently apparent. To the lecturer himself there are not less striking advantages.

"First, the practical one of replenishing his empty pockets, (for it is to be taken for granted the pockets of a medical student are generally in this unpleasantly jejune state,) which, if he be a man of capacity and possess a faculty for conveying instruction, it will do to a very considerable extent—some of these courses commanding a pretty heavy fee. (The mean rate for a course of 12 lectures is probably 20 to 25 francs—\$4 to \$5.

Medical News.

We see it stated that steps are on foot to found a Medical College in Mobile, Ala., and that Dr. Nott of that city will soon leave for Europe on business pertaining to the enterprise. Alabama has some able men within her borders, and can readily fill an able faculty without going out of the State. A new college will beget a new medical journal to be added to the large number already in existence in our country.

The Chicago Medical Journal has undergone an editorial change by the retirement of Drs. Davis and Byford, and the assumption of the editorship by Dr. Daniel Brainard, Professor of Surgery in the Rush Medical College.

The eminent and energetic character of the new incumbent will at once give an impulse to the journal, and his promise to increase its interest and practical value is sufficient assurance of its future success. Dr. Brainard has an extensive field open before him in which he is favorably known, and from which he deserves to be greeted with a great accession of subscribers.

A physician was recently censured in New York by a coroner's jury for neglecting a woman in confinement, whose case he had undertaken, whereby the life of the child was sacrificed, by asphyxiation. Certainly very censurable, if true.

Dr. Louis Szpaczek, the friend, companion and physician of Kossuth, was buried in New York on the 10th inst. His age was 43.

Sensible!—Charles Lamb is said to have had an uncompromising disgust for two things—roast pork and tobacco. He said if he were to offer a sacrifice to the devil, it would be a roasted pig stuffed with tobacco!

At a meeting of the Board of Guardians of the Poor of this city on Monday last, the 11th inst., the following gentlemen were elected Assistant Resident Physicians to the Philadelphia Hospital.—Drs. D. D. Richardson, H. Earnest Goodman, Phillip Leidy, and J. W. Lodge, of Pennsylvania, T. Sumter Means, of South Carolina, A. S. Cousins, of Virginia, and P. F. Whitehead and B. S. Wood, of Kentucky.

We understand that Dr. Thomas Hun has vacated the chair of Physiology in the Albany N. Y. Medical College, and that Dr. Howard Townsend has been transferred from the chair of Materia Medica to fill it. We have not learned who fills the chair vacated by Dr. Townsend.

We have received the first announcement of the Medical Department of the University of the Pacific, located at San Francisco, California. The lectures are announced to commence on the first Monday in May next, and continue eighteen weeks.

Faculty—J. MORISON, M. D., Professor of Pathology and of the Principles and Practice of Medicine; ISAAC ROWELL, M. D., Professor of Chemistry; R. BEVERLY COLE, M. D., Professor of Physiology and of Obstetrics and Diseases of Women and Children; E. S. COOPER, M. D., Professor of Anatomy and Surgery; B. R. CARMAN, M. D., Professor of Materia Medica; Hon. GEO. BARSTOW, Professor of Medical Jurisprudence.

Dr. COLE is the Dean of the Faculty.

Dr. B. H. RAND, Professor of Chemistry in the Philadelphia College of Medicine, has been also appointed Professor of Natural Philosophy and Chemistry in the High School of Philadelphia.

Dr. JAMES ROBARTS, of Carbondale, Illinois, and Dr. CALVIN WEST, of Hagarstown, Indiana, will receive subscriptions and communications, and forward them to us.

The money must invariably accompany the

order for the REPORTER. Send current paper, postage stamps, or gold, secured between cards, which should be firmly pasted together.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago. Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

THE MEDICAL AND SURGICAL REPORTER,

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are *ten volumes*, and they contain a very large amount of practical information, besides a large number of *steel engraved portraits* of distinguished members of the profession in different parts of the country, and other illustrations.

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

This Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, *to serve the Profession*,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 *in advance*; single copies, *ten cents*. The REPORTER will only be sent to those who pay for it. *Notice will be given to subscribers at the termination of their subscriptions.* Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office N. W. corner of Seventh and Arch streets.

S. W. BUTLER, M. D.,
R. J. LEVIS, M. D., } Editors.

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

ADVERTISEMENTS.

NATHAN STARKEY,

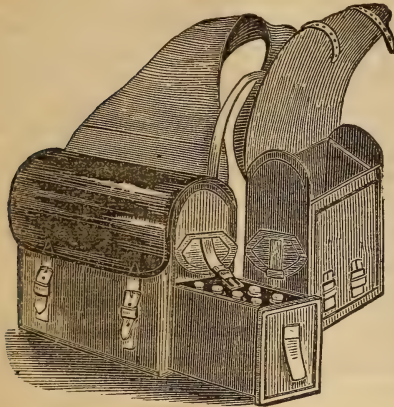
MANUFACTURER OF
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable
Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS. Made of Russet Bridle Leather,
with Pat. Leather Covers. Flat Pattern, with Pockets. Box
Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11, " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 " "	19 00
No. 3, " 48 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " " "	8 50
No. 8, " 15 " " " " " "	6 50
No. 9, " 14 " " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mount-
ings, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints,
Syringes, &c.

Manufactures to order and keeps constantly on hand a general
assortment of

SURGICAL AND DENTAL INSTRUMENTS]

of the finest quality, and most approved patterns. Gentlemen
about to commence practice would do well to call and examine
his large assortment of Instruments. 118

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses
and within one square of a Passenger Railway.)

PHILADELPHIA.

This institution has been established with a view to combine
all the best hygienic and medicinal means in the treatment of
Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M. D.

Consulting Physician,—PROF. SAMUEL JACKSON, M. D.

Application for admission may be made to the Attending Phy-
sician daily, (Sundays excepted,) from 11 to 12 o'clock. Applica-
tions in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, Sec'y,

No. 107, t. f.

Box 1738, Philadelphia P. O.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,
32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was
engaged, for a considerable time, in the most celebrated work-
shops of Paris, Belgium and Germany, and does not hesitate to
say, that there is no instrument, however complicated or
minute it may be, whose construction he is unacquainted with,
or which he could not manufacture.

Deeply impressed with the responsibility attached to the
maker of Instruments employed by the Surgeon, he will furnish
no instrument without a conscientious certainty of its being as
perfect as it is possible to make it.

As he has during the last three years been present at the operations
performed at the Surgical Clinics of the Colleges and
Hospitals of Philadelphia, he trusts that he understands fully
the wants of the Profession in this important department. He
asks attention to his Artificial Legs, Arms, and Club-foot Appa-
ratus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hos-
pital.
Henry H. Smith, M. D., Professor of Surgery, University of
Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Penn-
sylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical
College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical
College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " " "
A. Hewson, M. D., " " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Lewis, M. D., " " "
Isaac Hays, M. D., " " "
P. B. Goddard, M. D., " " "

ADVERTISEMENTS.

NATHAN STARKEY,

MANUFACTURER OF

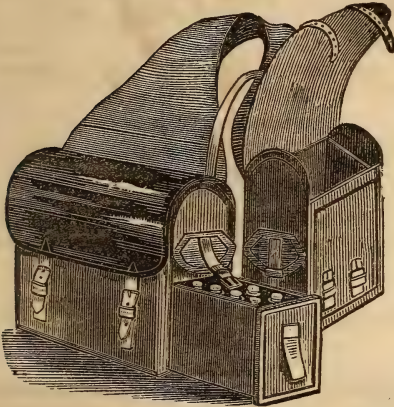
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11, " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " " with pockets,	10 25
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 " "	19 00
No. 3, " 48 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " "	8 50
No. 8, " 15 " " " " "	6 50
No. 9, " 14 " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mountings, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses and within one square of a Passenger Railway,).

PHILADELPHIA.

This institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M.D.

Consulting Physician,—PROF. SAMUEL JACKSON, M.D.

Application for admission may be made to the Attending Physician daily, (Sundays excepted,) from 11 to 12 o'clock. Applications in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, Sec'y,

No. 107, t. f. Box 1738, Philadelphia P. O.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER, 32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Levis, M. D., " "
Isaac Hays, M. D., " "
P. B. Goddard, M. D., " "



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

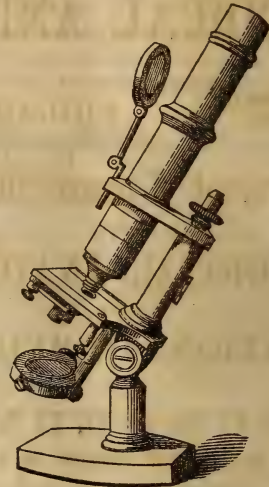
**TRUSSES,
ABDOMINAL SUPPORTERS,
Shoulder Braces,
LACE AND ELASTIC STOCKINGS,
SPINAL APPARATUS,
AND INSTRUMENTS FOR ALL DEFORMITIES.**

His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—1y

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St, near Tenth, Phila

PHILADELPHIA SURGEONS' BANDAGE

INSTITUTE,
(PATRONIZED BY THE MEDICAL FACULTY.)
No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin J. Square. Artificial Teeth in entire or partial sets; Obturators, Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 131.

PHILADELPHIA, APRIL 23, 1859.

{ NEW SERIES,
VOL. II. NO. 4.

Original Communications.

REGIONAL ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 2.

Cranial Region continued—Alterations of Form.—In addition to the instances already mentioned, certain changes in form result from preternatural development of the brain, in particular directions, or a deficiency in the development of some of its parts. As examples of both these conditions, Figures 7 and 8, taken from skulls in my possession, are good illustrations. In the former, the antero-posterior developments of the cerebral lobes are very great, while in the latter, the occipital bone on one side is very much sunken in consequence of the imperfect condition of the cerebral hemisphere corresponding to that portion.

Fig. 7.

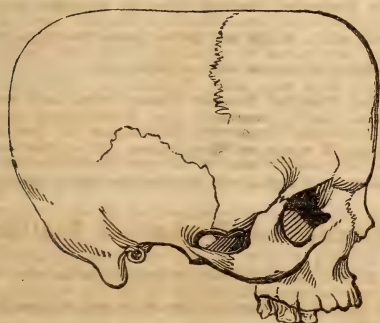
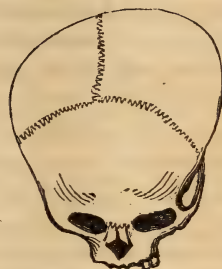


Fig. 8.



Anomalies of Development.—For the comprehension of monstrosities, the laws of embryonic development must be studied. Every fractional part of an organ, in its development, passes through a regular and uniform series of transition forms, until its maturity is attained. The organ itself, therefore, is the integral product or expression of the totality of such matured elements. The operation of those laws which determine the *kind* and *time* of evolution being habitual repetitions, we are enabled to speak of the operations of nature being conducted on a *plan* or after a *type*. An organization is therefore natural so long as all its parts have passed their normal stages in their proper relation of *proportion* and *time*. If the plan is departed from, or there be fractional arrests, it is then a *lusus naturæ*, or monstrous product. A large number, therefore, of these unnatural formations are unnatural *and out of place, because they are out of time*. Such as are cited below are simple arrests of development. The formation of the cranium takes place from below upwards, or from base to crown. The base, and a portion of the sides are cartilaginous, but the arch is membranous, and when ossification pursues a normal course, it advances in the same manner, finally meeting at the median line, where union is longest

delayed; the fontanelles being the last portions of the membrane to disappear. If the withdrawal of developmental force occurs when the base should be formed, it is an *acephalous* fœtus, or a headless monster. If it should occur at a height where the primordial membrane should begin, it is *acrania*, or monstrous in having no vault; and if still higher, it is called *anencephalus*. Through these clefts the brain will sometimes project, forming a hernia cerebri, or encephalocele. These defects in the cranial walls are necessitated by defects of development in the brain, and are generally associated with anomalies in the thorax and its contents, and to a certain extent likewise in the abdominal viscera.

Scalp.—Stretched over the cranial skeleton which has been described, is the *scalp*, the elements of which are the *hair*, *skin*, and *glands*, *connective*, *adipose*, *musculo-aponeurotic* and *subaponeurotic tissues* together with *blood vessels* and *nerves*, all of which are separated from the bones by the periosteum, called from its locality the *pericranium*. When the fingers are passed over the scalp, the impression communicated is very deceptive, leading us to suppose it to be quite thin, when, on the contrary, it is a structure of considerable depth and great density. Over the anterior part of the superior and lateral regions, its density is least, and while it moves freely over the whole cranium, that mobility is greatest over the forementioned regions.

Hair.—This is both ornamental, protective and defensive. Its influence in diminishing the effects of blows applied to the head is by no means unimportant. Especially must this be the case in the negro, where it forms so dense and considerable a matting. It presents various modifications to correspond to the different circumstances in which animals are placed. Thus we have the feathers and down of birds, the fine, close fur of animals, especially in northern latitudes, so much in demand, the bristles of some, scales of others, and in the porcupine and hedgehog the spines and quills, constituting a formidable armor of defence. Over the lower part of the temple, immediately above and behind the ears, it is not

present; so, also, upon the anterior region. The extent to which it descends over the last part determines the height of the forehead. As age advances, the hairs disappear from the superior part of the scalp. Why this region should be more prone to baldness than the others, is probably to be explained in the fact of the adipose constituent, which serves as a soft bed for the follicles, their blood vessels and nerves, first diminishing here. This corresponds to the statement of Bichat.

The fat once disappearing in amount, the superimposed skin is tightly stretched over the bones, thus compressing the blood vessels, and producing a feeble capillary circulation. That females should retain their hair, even to extreme old age, results from the fatty parts of the scalp, as of all other portions, being in greater abundance than in the male. In some, inflammatory affections of the scalp, as erysipelas, or in fevers attended by great depression of the vital powers, etc., the hair frequently falls out. The baldness, however, in such cases, differs from that occurring as a result of old age. In the former cases (at least generally speaking) the formative pulp remains, its functions only having been suspended either from failure or diminished supply or alteration in the quantity of the nutritive fluid, whereas in the latter the follicles are lost. In the one case the hair is restored, in the other reproduction is impossible. It is only, therefore, where the follicles remain that remedial agents for baldness can be productive of benefit. This they do in virtue of their stimulating properties inviting an increased flow of blood to the hair.

The hair sometimes becomes matted and tangled into singular forms, as in elf-lock, or the *plica polonica*. In low fevers, a somewhat similar tangled state is seen, though not to be attributed to the same cause. In the former the stem is swollen in consequence of a viscid secretion passing into it at the root, the product of inflammatory action in the root sheath. In this and in certain varieties of *favus*, there exists, in and around the hair roots, *parasitic* growths. These are low forms of vegetable organizations, consisting of an aggregation of

spores by which they are propagated, by some ascribed as the cause, by others a consequence of the forementioned affections.



Fig. 9.
Typical form of vegetable parasitic growth.

Their existence, however, forms one of the causes of its falling out. Sometimes the hair stems are found broken, and their extremities rounded or bulbous, from an accretion accumulating there reaching it through the centre of the stalk; it indicates disease in the follicle. At other times, the stalks are seen to split into numerous filaments, each one presenting a brush-like appearance. This is a mere separation of the fibres of which the shafts are composed.

Fig. 10.

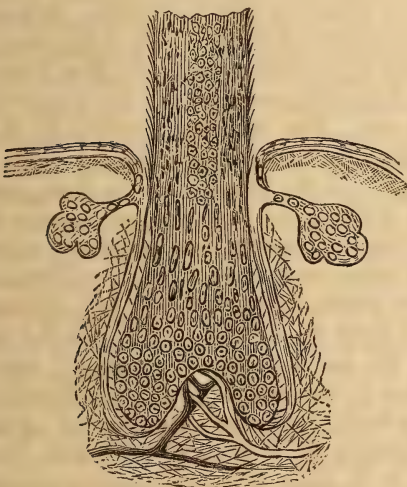


Figure 10, being a section of a portion of a hair shaft from the head, with its matrix and sebaceous follicles, will exhibit a view of its structure sufficiently clear for the explanation of the affections mentioned. The exterior will be seen to be dense with serrations on the surface, indicating the overlapping of the superficial cells, and may be called the cuticle. Internal to this is the cortical portion, made up of fibres, with attached nuclei; and in the center is the medulla, sometimes filled with air and sometimes with numerous granules, the entire structure being formed from elongated cells. The color is due to an intermixture of pigment gra-

nules. The same cut also exhibits the root implanted in a sheath of inverted skin, at the bottom of which is the formative pulp, with its blood vessels and nerves, and higher up, opening into the root sheath, two sebaceous glands, which are very numerous in the structure of the scalp. The hair forms the favorite resort for the *pediculus capitis*, (head louse,) the *pou de la tête* of the French. When Mr. Derham examined a hair with the microscope, and saw the central part, or medulla, he was led to believe that each one became a little canal to remove humors from the body.

Hair Pulp.—This consists, as seen in Fig. 10, of blood vessels and nerves, united by delicate filaments of connective tissue, and covered by a basement membrane, it is the source of the blastema out of which are developed those round cells seen immediately above, and which are afterwards transformed into the elongated fibres. The drops of blood which sometimes follow the plucking out of the hair, come from the violence done to these capillaries; the soreness at the roots of the hair, often complained of, is explained by pressure on these nerves, either from inflammatory exudation, or congestion of the pulp.

Color of the Hair.—This is due to an intermixture of pigment particles. Its coarseness is determined somewhat by the color. Occasionally a small lock will be seen amidst the general mass, singular from the contrast in color, as in a child which I saw a few days ago, having a scalp well covered with light colored hair, and in the midst a little tuft jet black.

The formation of pigment requires an energetic condition of the nervous and vascular systems. Any influences whatever which diminish the power of these, will be followed by the appearance of grey hairs. Persons therefore of a feeble constitution, or whose nervous systems have become shattered by disease, almost always exhibit these marks of premature age.

The shades of the hair are various, and among the earlier writers played a distinguished part in their description of temperaments. More mature observation has not sus-

tained such views, yet, that we may form some idea of the constitutional vigor of an individual from this source, I think may be safely affirmed. Red, light, and straight black hair, which last, if associated with a dusky hue of the skin, will be generally found associated with lymphatic enlargements, and would therefore, even if not thus associated, make us cautious in enforcing too rigidly antiphlogistic measures. A short, thickly set and curly hair, of whatever color, will generally indicate strong physical developments, and great constitutional endurance. Red hair among the ancients was esteemed a favorite color for their warriors, hence Mars is represented with hair and beard of that hue, and, if we are to judge from the poems of Ossian, it was essential to beauty in either male or female.

Alteration in Color.—In old age it becomes of all intermediate shades, from silver-grey to complete whiteness; and it is difficult to imagine any thing so well calculated to inspire reverential respect and deference, as this crown of advanced life, and it is the grave deportment which generally accompanies it, that makes all attempts at youthful levity so ridiculous and repulsive. Thus the King to Falstaff in Henry IV.:

“Fall to thy prayers—how ill
White hairs become a fool and jester.”

Close study favors the early appearance of grey hairs, probably by determining a concentration of blood to the brain, at the expense of the hair follicle. Strong mental emotions, those of a depressing character, as grief, fear or apprehension, produce the same result. Charles I., during his confinement in Carisbrook Castle, on the authority of Hume, became quite grey. Indeed, so common is this, that there are few who have not at some time or other seen similar cases. This fact is recognized by Byron, in his *Prisoner of Chillon*:

“My hair is grey—but not with weight of years,
Nor grew it white
On a single night,
As men’s have grown, from sudden fears.”

White hair in old persons has been known to drop out, and to be followed by brown. A

case is recorded by Dr. Isoard, of a young woman whose hair, when she was attacked by a fever, changed from blonde to red, the original color being restored after recovery. Irritation of the skin will often be followed by change of its color, as after cases of circumscribed impetigo. Horse dealers frequently resort to an application of this knowledge, with a view to form a star on the forehead of the horse, by shaving off the hairs in a particular form, and applying a blister to the denuded surface; when it heals up the hairs will come out white. The same result is seen to occur on places where the harness or saddle may have chafed the animal.

There are not wanting well authenticated cases where this change has occurred in a few hours. It is related of a young girl greatly addicted to novel reading, whose mind became so impressed with the real existence of the terrible characters introduced, as to have been seized with convulsions, in a few hours after which her hair became white. It would be well if such instances would exert a salutary caution on the minds of our modern women, who are given to such miserable, wicked, and time-killing indulgences. Marie Antoinette’s hair changed in a single night of her imprisonment. So when Mary, Queen of Scots, was brought forth to be executed, a similar change was noticed. The hair of Sir Thomas More, before his execution, underwent a like alteration. The moustache of Henry III., of Navarre, when he heard of the edict of Nemours, became suddenly grey. In all these cases we have probably the same causes operating, and the time being only the result of intensity. All depressing influences diminish the capillary circulation, and thus deprive the follicle of its nutriment. Or, as has been alleged, there may be induced such alterations in the quality of the blood as to act, by chemically destroying the pigment.

Erection of the Hair.—In many animals, as the cat, dog, etc., etc., the bristling or erection of the hair is quite marked, there being a large amount of the smooth muscular element distributed over both the sebaceous and hair follicles. The same condition exists in the

human subject, but in a very subordinate degree, and probably under the pressure of great fear or terror an inconsiderable degree of movement may occur; at all events we meet with frequent reference to the supposed fact: thus Virgil says:

"Obstupui steteruntque comæ."

And again, Shakespeare:

"And each particular hair to stand on end,
Like quills upon the fretful porcupine."

I have been disposed to attribute this slight movement in man more to the elastic fibrous constituent of the derm than the muscular part, the sudden recession of the blood from the cutaneous surface allowing these fibres to shorten, and thus drag downward the hair root.

Post-mortem Growth.—It is quite a popular belief, that the hairs continue to grow for some time after death. Among other wonderful things related of Charles I., was the considerable growth of hair which covered his head when exposed in its sarcophagus, and which must have taken place after death. That the hair or beard may be longer after life has departed is doubtless true, and is produced, not by pushing out from the root, but by the retraction and shrinking of the skin. After the capillary circulation of the blood is suspended, there can be no plastic exudate for development, and, therefore, growth is impossible.

Indestructibility.—Its power to resist decay is a matter of common notoriety, no better illustrations of this fact can be cited, than the perfect preservation of the hair on the mummies which are occasionally exhibited.

Pliancy and Moistness.—This is produced by the oily secretion which is poured into the sheath from the sebaceous glands, (see Figure 10,) and forms a tolerably fair index of their functional activity. In febrile affections, where the secretions are disturbed or more or less suspended, we can understand why the hair should be so dry and rigid. In the same way may be explained similar conditions in advanced stages of phthisis, or any other disorder which may consume the fatty constituents of the body.

The hairs can be made very useful in wounds of the scalp, as a means of approximating and retaining the divided edges by separating small locks from the general mass at two or three points on either side, and tying them across. In the treatment of cutaneous affections of the scalp, of the vesicular or pustular class, its removal becomes imperative, in order to admit of the direct application of remedies, and to maintain perfect cleanliness; so, also, in the employment of blisters, and in diseases of the brain or its membranes, where the application of cold becomes a paramount object.

There are a great many curious facts connected with the hair which associate it with the ecclesiastical, civil and social polity of different nations. The ancient Jews allowed it to remain just as it grew, while the priests were obliged to clip it every two weeks while exercising the functions of the altar. Both sexes among the Greeks, a short time before their marriage, cut off their hair as an offering to their deities. Among the same people slaves were obliged to have theirs cut differently from citizens; it was termed *σφιξ ἀνδραπώδης*. Under the early kings of France to cut off the hair of a son would have rendered him intelligible to a crown. Among the early Christians several canons, even some of excommunication, were fulminated against wearing it long. The Puritans wore their's cropped short, while our North American Indians, and certain Eastern nations, leave a tuft on the top. Among the former, this custom very much facilitates the scalping operation, and with the latter affords an excellent gripe for the angel of the resurrection to bear them to a Mahomedan paradise.

The Cutaneous Surface.—In addition to the hairs which beset it, there are ducts of many sudoriparous glands opening upon its surface. The anterior portion of the superior region, between the eyebrows and the hair, is the *forehead*, which is sometimes marked off as a sub-division under the name of *Frontal*. Its great height or breadth, coexisting as it does with considerable developments of the anterior parts of the cerebral hemispheres, expresses intellectuality. Over the forehead transverse wrinkles are seen, and may be considered as

both *juvenile* and *senile*. The former are due to a gentle contraction of the occipito-frontalis muscle, and produce what is usually termed an open, cheerful and guileless expression. When these wrinkles are made deeper and closer by a more energetic contraction of the same muscle the expression becomes one of surprise. The senile wrinkles result from the inroads of age, caused by the diminution of the subcutaneous tissue and a loss of elasticity.

This surface is a favorite location for several cutaneous diseases. Thus we have *eczema capitis*, or, as it is vulgarly termed, *tinea capitis*, an inflammation attended with an effusion of serum, forming vesicles; or it may be an inflammation resulting in the formation of pustules, constituting *impetigo* (*crusta lactea*); or a rapid production of epithelial cells, forming *pityriasis*. The first two belong to childhood, and as they are prone to occur about the period of dentition, no doubt exert a salutary derivative influence from the brain and bowels.

Under the head of *Favus* several singular affections of the scalp, consisting of redness, scales, and finally crusts, are described by authors. By some they are considered as primarily a disease of the hair follicle; by others, and among them I believe Cazenave, as originating on the skin of the scalp, and involving the hair sheath as a secondary result. Sometimes it is seen arranged in segments of circles (*porrigo scutulata*), a form of ringworm—at other times the peculiar matter collecting around the hair so as to form an alveolar or cupped-shaped figure, known as the honey-comb ringworm, or the *favus dispersus* and *favus confertus*. The cause alleged for a disease which frequently becomes very formidable in consequence of the extensive alteration in the structure of the scalp, attended by hopeless loss of the hair, and disturbance to the general constitution, is a parasitic plant, the simplicity of organization being nothing but links of cells, as may be seen in Figure 9. Its propagation or contagiousness is explained by the transportation of these spores or seeds, each one being a perfect plant in itself, capable of unlimited multiplication. Mr. Wilson denies altogether the vegetable nature

of the disease, but the weight of authority is against him. The disease is exceedingly rare in this country, though quite common in France.

Attempted Abortion and Death from Introduction of Air into the Veins.

By JOHN SWINBURNE, M. D.

Of Albany, N. Y.

Miss M. A. S., aged twenty-three, unmarried, was admitted to house No. 40, Franklin street, for the purpose of having an abortion procured, on or about the thirteenth of March.

It is ascertained that attempts were made, from day to day, to rupture the membranes with a blunt steel instrument. These efforts only produced slight inflammation, softening, and partial separation of the membranes and placenta.

On the evening of the twenty-sixth of March, Dr. J. H. Case was summoned in haste to the above mentioned house, where he found that the young woman had just died. An examination before the Coroner's jury the next morning, elicited, among other testimony, the following statements:

Dr. J. H. Case, sworn: Knows Mrs. Masten; was called to attend a patient at her house about six months ago; her given name is Oscillea; her ostensible business is an astrologist. The patient whom I visited six months ago was a young woman; she had inflammation of the womb. Was called by Miss Curry last night at 9 o'clock; said that Mrs. Masten wanted I should call as soon as possible, that a lady there had fainted and was very sick; went to 40 Franklin street, and found Mrs. Masten on the walk; she said she was glad I had come, as the woman was very bad, and she was afraid she was dead; she said it was only an india rubber that she was using, and that the deceased fell right back dead. Found a body lying on the bed very pallid, and dead to all appearances; Mrs. M. did not go in with me; thought it might be a case of suspended animation; gave her some stimulants, but they did her no good—she was dead; told Mrs. M. so, and she said, "Oh, Doctor, what shall I do?" The girl Curry then said, wringing her hands, "What shall *we* do?" I told Curry that they could nothing with her; Mrs. Masten said to her, "No, I am to blame; I shall

have to stand it." She again asked me what she must do; advised her to throw herself upon the mercy of the law; she asked me if I didn't think it best for her to try and escape; told her that it would be impossible if she undertook it; she also said it was a bad time for her, as she had no time to fight it out or money to escape; but that she expected some on Monday, and if she had that she would clear right out in half an hour; she again repeated that she didn't know how deceased came to die, as she could show me the instrument, and that it couldn't hurt her; went into the bed-room again, and another young lady said she thought deceased was reviving; wanted me to try and revive her; Mrs. Masten turned down the bedclothes and produced a gutta percha catheter. [The article was produced and identified.] She said that was the instrument she used, and that it could not hurt her; also, that it wasn't the one she generally used; that it was milder, and the girl's death surprised her; that while using it the patient, as she thought, fainted away; that she tried to fetch her to, and failing, had sent for me; think it was about nine o'clock when I got to her house; don't think that over fifteen minutes elapsed until I saw the deceased, after being called. Mrs. Masten indirectly asked me to loan her money to escape with; I found three or four young girls in the house when I first got there; one of them said that she had got through with her troubles, and that she thought it best for her to get away as soon as possible; asked her if she felt able, and Mrs. Masten said she was all right; suppose, from what I saw and heard, that all the young ladies were "in trouble;" think I know one of the young ladies I saw there; believe I prescribed for her some time since.

Assisted by Charles H. Porter, Professor of Chemistry, Dr. C. P. Staats, and my students, Messrs. Mosier and Covell, I made a post-mortem examination fourteen hours after death.

The following detailed description is given for the benefit of medical readers.

External appearances of body natural, but very pallid. On cutting through the integuments into the cellular tissues, air was observed to issue from the divided veins in the form of a frothy fluid. On exposing the heart, its right cavities were found to be greatly distended with a spumous mixture of blood and air, and slight compression of the heart was

4*

seen to force out bubbles of air from the divided intercostal veins. A thorough examination showed that the jugulars, and the veins emptying into them, even to the small vessels of the brain, were all distended with air.

The uterus was found to be of a dark livid or maroon color at its lateral portions, and its veins and sinuses were so fully distended with air, as to give it the appearance of a bag of angle-worms. The sensation communicated to the touch was analogous to that of varicocele, with the exception that in the latter the tissues are soft, and distended with liquid, whereas in the case of this uterus the presence of air was unmistakably manifested by its characteristic crepitus when the vessels were compressed by the finger.

The membranes of the ovum were entire, and contained a normal amount of amniotic liquor, and an apparently healthy female foetus of about five months growth, presenting no appearance of decomposition, or any changes to indicate death of the foetus at any period long prior to that of the mother.

On the internal surface of the membranes was a slight exudation of lymph, as from inflammatory action. Externally they were separated from the womb on its right latero-posterior surface, as was also the placenta in part. Beneath the lower border of the latter was an effusion of blood in the form of several small coagula.

The os and cervix were open to the extent of two lines, and filled with bloody mucus.

On examining the membranes and their contents, the internal surface of the womb exhibited the following appearances.

1. Slight softening of the tissues.
2. Several abrasions evidently not natural.
3. A perforation communicating directly with the uterine sinuses, about two inches from the cervix, and in the right latero-posterior region. This opening communicated directly with the veins of the broad ligament, and thus with the ascending cava. The direction of the perforation was parallel with the longitudinal axis of the uterus.

All the other organs of the body were in a perfectly healthy condition.

These post mortem appearances, conjoined with the description of the young woman's death, cannot be accounted for by any other cause than that of "air in the veins." Death occurred while the instrument was in the uterus, and was *immediate*, for the woman mistook *death* for *syncope*.

The point of interest in this case is as to the *manner* in which the air was introduced. Several deaths have been reported from ingress of air into the large veins of the neck, and even the subclavian is liable to the same thing under favoring circumstances, such as tension upon the vein from the subject's position during surgical operations, or by traction upon a tumor during excision, the vein being temporarily *canalized* or prevented from collapsing.

Under all circumstances, this canalization of a vein, or its conversion into a rigid tube, is the indispensable condition requisite for the intrusion of air. But this condition is inadmissible in the case of the uterine veins and ascending cava, from the nature of physical laws which govern the movements of the fluids in the body, no less than in inorganic matter.

In the twenty-second Vol. of "Braithwaite's Retrospect," on page three hundred and nine, will be found an article by Dr. J. R. Cormack, in which is discussed the possibility of introduction of air into the venous system through the medium of the uterine veins immediately after parturition. He instances the experiments of Legallois upon animals, whereby that author became satisfied of the possibility of the intrusion of air in this way, and by analogy conjectured that many cases of death in the human subject might be accounted for in a similar manner.

He also quotes from Dr. Simpson of Edinburgh, who reports an autopsy of the body of a female who died after delivery, where the entrance of air through the uterine veins was conjectured to be the cause of death. The examination, conducted carefully, so as to exclude all apparent sources of error, resulted in the discovery that the lower cava, hypogastric, and uterine veins were distended with frothy blood and air.

Dr. Simpson also explains the manner in which air might be forced into the veins by the contractions of the uterus after having been filled with air which is not seldom the case. This organ being distended with air; the os tincæ being closed either by its own sphincter or by a coagulum of blood; the uterine veins being large and patulous, and the forcible contractions of the organ; these furnish, in his opinion the mechanism capable of accomplishing the fatal accident. (See Braithwaite's Retrospect, No. 19, page 262.)

In the present case no such conditions are furnished, and throwing aside the hypothesis of spontaneous ingress, we are compelled to fall back upon the presumption that the abortionist forcibly inflated the entire venous system, by means of the catheter introduced into the uterus, perforating its parietes, and in contact with the lacerated vessels of that organ.

And this presumption is strengthened by the fact that the opinion prevailed, at the time of the coroner's inquest, that abortion might be produced by inflating the space between the membranes and the womb.

The fact of forcible inflation is incapable of proof, there being no third person present at the time of death, and hence no witness. Absolute certainty can only be arrived at from the confession of the guilty woman herself.

Treatment of Itch, at the Hôpital St. Louis, Paris.

By ROBERT BOLLING, M. D.,
of Philadelphia.

For many years, patients affected with itch were admitted into the wards of the Hôpital St. Louis, and there remained, in the time of Biett, as long as twelve days, and some even longer. As medical science progressed, the time of sojourn gradually decreased, but not until the time of M. Bazin, one of the present board of physicians, did the improvement become very marked—he succeeded in reducing the time to two days. M. Bazin employed the following treatment: On entering the house, the patient was ordered a bath; after

which, he was rubbed well from head to foot with the following ointment:

R Sulphuris precipitatum, 2 parts by weight.
Potasse carbonatis, 1 " "
Adipis, 8 " " M.

The following morning early, a bath; after which, a second friction with the same ointment. Next morning, another bath, and the patient could be discharged as cured. This treatment failed only once in every hundred cases, and then because the frictions were not thoroughly made.

After many attempts, M. Hardy, another of the physicians of that Hospital reduced the treatment to two hours, thereby saving much time and inconvenience to the patient, and expense to the Hospital. The treatment employed by M. Hardy consists in making the patient commence by rubbing himself well with common brown turpentine soap for half an hour. This friction aids in removing dirt, and breaking up the "sillons," or little tracks or elevations of the epidermis that the acarus makes after entering. The point at which the insect entered, is generally known by the appearance of a vesicle, the "sillon" running off for a line or more. As the vesicle only was formerly searched for the acarus, it is clear to see why it was not found. After this, a bath of one hour, the patient being enjoined to rub himself well all the time, in order to complete the breaking up of the sillons, and also to soften the skin. After this, the patient is prepared for the same specific ointment employed by M. Bazin. This will be found invariably to kill the acarus, and hence cure the patient. Secondary eruptions may follow, but not being due to the presence of the acarus, they will be found to disappear under the use of a few simple baths. After the treatment is over, the patient must be advised to change his clothes as well as the sheets of his bed.

Itch is far more common in winter than summer, owing to the fact that more people crowd together, and sleep in the same beds; and also to the fear that certain people of the French nation have for cold water. In frictioning, be careful to rub well with the ointment the points of predilection of the

insect — as hands, feet, perineum, penis, mamma, axilla, about the arms, popliteal space, etc. If the skin is much inflamed from scratching, or if there exists eczema or impetigo, employ emollients and an antiphlogistic treatment, before commencing the regular treatment for itch. At the Hôpital St. Louis, special clinics are held every Saturday from 9 to 11, and the patients are treated at once, and in two hours can be sent away cured. Five or six hundred patients are treated in this manner every month, and complaints of failure to cure are rare.

Areolo-Cutaneous Tuberculosis.

By J. R. McCLURG, M. D.,
Of Philadelphia.

In the month of May, 1857, I was called to attend professionally a little son, aged about seven years, of J—— J——, of Chester County, who was afflicted with a singular disease of the scalp. I found it entirely covered with tumors or tubercles, varying in size from that of a pea to that of a walnut. In the early stage they appeared to be hard, immovable, indolent, without change of color and almost entirely free from pain. But at a more advanced stage,—when the size of a marble or walnut, they became soft or semi-elastic, of a yellowish color and very painful, soon afterward opening in two or three small orifices, from which would be discharged a large quantity of thin yellowish matter,—after which there remained for many days an indolent, quaggy ulceration of the integuments without the least disposition to heal. Sometimes two or more of these tubercles or abscesses, being contiguous to each other, would, after having discharged their contents, blend together forming a quaggy patch three or four inches in diameter and at least one inch in thickness. The disease thus went on, *very many* of these tubercles passing through the stages of increment and decline, until the whole scalp was ultimately one thickened, quaggy, ulcerating surface, almost entirely devoid of hair. The boy's health, prior to the appearance of the disease, was very good, and in-

deed was so at this time, excepting a slight irritative fever. For constitutional treatment I placed my patient upon five-drop doses, three times per day, of the *Liquor potassæ arsenitis*, and in one week he began to manifest the constitutional effect of the medicine, when I discontinued its use and substituted the following prescription, which was taken during the whole subsequent treatment of this case:—

R Potass. iod. ʒij.
Iodinii ʒj.
Liquor. pot. arsenitis fʒij.
Aquæ dest. fʒj. M.

S.—Take five drops three times a day, in a little cold water, after eating.

The first *local* treatment consisted of lotions of sulphate of zinc, poultices of bread and milk, and the combined tar and sulphur ointments. These were continued for some days, without however producing any satisfactory result, when they were discontinued and the following was used:—

R Potass. iod. ʒij.
Iodinii ʒss.
Aquæ dest. fʒi. M.

S.—Apply with a feather, or soft brush, to the scalp twice a day.

This topical treatment was continued for one week with but little apparent benefit to the case, then succeeded by the following—*“Scott’s Ointment:”*—

R Ung. hyd. fortioris ʒij.
Cerati saponis ʒij.
Camphoræ pulv. ʒij. M.

S.—Spread on lint and apply to the scalp once a day,—washing well with soap and warm water half an hour before each application.

This ointment proved entirely satisfactory, was continued, and in thirty days from its first application, the disease was cured. The patient has continued well ever since, and at this time, April 7th, 1859, the hair is in a great measure restored. Will some one of our medical friends be good enough to give us, if possible, a better or more appropriate name for the above case—for I do confess, although I have considerable experience in cutaneous and

ulcerative diseases, that this was a stranger, and I gave it the best reception in my power, and named it according to its appearance and the tissues it involved.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Gerhard.

WEDNESDAY, APRIL 6TH.

Reported by T. A. Demmé, M. D.!

Paralysis.—Loss of the power of motion generally occurs under the form of hemiplegia, paralysis of one side of the body; or of paraplegia, palsy of the lower half of the body. The former is most frequently met with, and almost always results from effusion of blood upon or into the brain: destruction of the brain substance, and pressure upon the brain, may also occasion the loss of power over one-half the body.

The patient is a boatman upon the Schuylkill river; he has been sick for two weeks, but the paralysis, according to the account of his friends, has existed only since last Sunday. It is not unfrequent to have paralysis suddenly occurring in those who are apparently in good health.

The right side, in this case, is affected, involving the corresponding side of the face; the mouth is drawn towards the side that is not paralyzed; his voice is husky, no doubt resulting from paralysis of the muscles of the larynx; the mind is dull and heavy, but not otherwise affected. There is no delirium; tongue dry, moderately coated; pulse somewhat strong; no appetite.

In the present case there has probably been effusion into the corpora striata or the optic thalami.

Treatment.—As he is young and strong, we directed cups to the nape of the neck, taking about 16 fluid ounces; with the object in view to draw the blood from the brain, we order purgatives, preferring in this case aloes.

Prognosis.—If the effusion is but moderate in quantity, as is probably the case, we can anticipate a complete recovery.

Scorbutus.—Young seaman, lately arrived from Europe, after a voyage of 58 days. He presents the usual symptoms of scurvy; swollen, spongy and ulcerated gums, offensive breath, and great lassitude and weakness; there is no eruption of the skin. There is some interest attached to this case, from the fact that during the voyage he was supplied with potatoes every other day. Now potatoes may

be looked upon as constituting one of the best anti-scorbutic medicines, but when boiled they are by no means so powerfully anti-scorbutic as when raw, and to this circumstance may be attributed the fact that the patient is now laboring under scurvy.

Scurvy is a disease of the blood, and to its improvement our remedies must be directed, and for this purpose the fresh vegetables and fruits, particularly spinage from the former, and the lemon from the latter, are emphatically adapted. Since the introduction of the use of these anti-scorbutics, we very seldom hear of the terrible visitations of scurvy, where in a few months many thousands were often cut off, in armies and garrisons. The memorable voyage of Lord Anson, in which more than eighty out of every hundred of the crews perished of scurvy, is familiar to almost every one.

Service of Dr. Gerhard.

APRIL 13TH.

Connection of Rheumatism and Endocarditis.—Those of our readers that follow the Reports from the Pennsylvania Hospital are aware of the fact that Dr. Gerhard lays it down as a rule, that in every case of acute rheumatism, we will find endocarditis, either preceding, or during, or following the arthritic inflammation; the following case is interesting, as illustrating if not confirming this view.

The patient, a young woman, was first under treatment for a double pleurisy, this was followed by a marked and decided *endocarditis*, but within the last few days the other end, so to speak, of *endocarditis* has been developed, namely, an attack of acute rheumatism. The particular symptoms of the *endocarditis* and of the rheumatism, it is not necessary for us to record, as a few weeks ago Dr. G. dwelt upon these subjects. The great interest of this case lies in the fact that an attack of pure uncomplicated *endocarditis* immediately preceded an attack of acute rheumatism. Whether or not the affection of the heart and the local disease were but different phases of the same constitutional disease, cannot be ascertained from an isolated case.

Service of Dr. Neill.

APRIL 6.

Fracture of the Rib and Pneumonia.—There are probably no bones of the human skeleton more frequently broken, and yet which more often unite without deformity and impairment of function, than the rib. Ununited fractures of the rib are very rare. There may, however, be complications that will greatly increase the danger of the patient, such as wounds of the pleura and lungs.

The diagnosis is not always easy by manipulation. Pressure on each rib gave no crepitus in this instance; but when the patient took a deep inspiration in changing his position, crepitus was felt

distinctly by the hand. But even if there had been no crepitus the diagnosis would have been easily made on the succeeding day by the rational signs.

The attention of the class was called to the appearance of the patient as he lay upon the bed. His respiration was diaphragmatic and his face flushed; he had cough; deep inspiration gave pain, and his expectoration which was exhibited to the class in a saucer, was of a rusty color; there was pain in the side; percussion revealed the existence of pneumonic dullness upon the injured side.

The best treatment for fracture of the ribs, without hesitation, we pronounce to be the enveloping the chest on the wounded side with broad strips of adhesive plaster, extending from the sternum to the spine. The object of treatment is not merely to produce extreme accuracy of apposition of the broken fragments, or the removal of deformity by reduction, for the two intercostal muscles above and below prevent much deformity: but the great point is to keep the wounded ends at rest, in order that they may unite without causing any secondary injury to the pleura and lungs.

The respiration under this treatment becomes quite easy in a few days.

The pneumonia that this patient is laboring under is the consequence of a wound of the lungs from the sharp extremities of the fractured bone; this is, therefore, traumatic pneumonia. There is no difference in its pathology from that of idiopathic pneumonia. Traumatic pneumonia is more circumscribed, and affects but one lung. The treatment often pursued for idiopathic pneumonia is not demanded here; such as bleeding, cups, tartar emetic and calomel. The only treatment that we shall pursue as regards the pneumonia, is perfect rest and the use of anodynes.

Wound of the Skull.—This patient was a large, heavy man, who received a severe injury day before yesterday in consequence of falling down a flight of some 40 steps. His skull was fractured. The very words, fracture of the skull, implies great danger, but fortunately the fracture extended through the external table only. Compound fracture of the external table of the cranial vault is generally a simple injury, but sometimes may assume a very serious character, in consequence of abscesses forming in the vascular diploe.

There was also an extensive wound of the ear and a portion of the scalp. In wounds of the external ear the parts should be adapted and sutures used to unite the *skin*, but no attempt should be made to sew the cartilage.

In this instance, *lead sutures* were used. As far as this individual case is concerned, there is no doubt that the use of the metallic wire has been accompanied with very good results so far, the wounded

parts having united very rapidly by the first intention, but the patient is still in danger of mania-a-potu and erysipelas.

Wound of the Eye.—A little fellow was yesterday cut in the eye by a piece of glass, incising the cornea, emptying the chambers of the aqueous humor, and producing a hernia of the iris.

One of the most wonderful facts connected with the aqueous humor is its power of absorbing blood effused into the eyeball. In cases of injury to the eye, resulting in hemorrhage, and consequent opacity of the globe, in the course of 24 hours the eye again becomes perfectly clear and unobscured.

The iris has become entangled in the cut cornea. The symptoms of this accident are sometimes very severe.

The cut edges of the cornea have re-approximated sufficiently to allow the aqueous fluid to re-accumulate, and no escape take place.

Belladonna will be applied around the brow, to dilate the pupil, and thus prevent the permanent contraction of the pupil and the closing up of the pupil by effused lymph.

There will probably remain in the cornea a little black spot, which is nothing more than a minute portion of the iris, which has been caught between the lips of the wound. The term *Myocephalon* has been given to this protrusion of a portion of the iris through an opening in the cornea.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY EVENING, MARCH 9TH.

Dr. Coates, (President), in the chair.

Subject for Discussion—THE EVILS OF ARDENT SPIRITS AND TOBACCO, CONSIDERED IN THEIR MORAL, SOCIAL AND PHYSICAL INFLUENCES.

[Concluded from page 60.]

DR. NEBINGER said, as alcohol had been treated of at considerable length, he would pass it by with the declaration that, in his *materia medica*, it found an important place; and as the other part of the subject—tobacco—had not received any notice, he would for a time take it under his care. He was not aware who proposed the question for the evening's discussion, but would take this opportunity to say, whoever he was, he deserved the thanks of the society for inviting its discussion of a subject of so much importance as the "evils of tobacco, morally, socially and physically considered." The profession have a high and important duty to perform in instructing the public, by an exhibition of facts, of the pernicious influence of tobacco upon the human system. There could be but few questions agitated by this Society in which the health and vigor of all of the members of the civilized world are more

interested than in that of the use of tobacco. It is high time that the profession should speak out and sound the alarm, in regard to the terrible health-destroying and mind-enfeebling work, that the use of tobacco is so successfully carrying on. In all directions can the well instructed physician see the wreck and ruin of mind and body produced by this weed. Tobacco is very properly classed as a sedative narcotic. Its influence on the animal economy is to lessen the activity and diminish the power of the brain and nervous system, upon whose healthful action largely depend the healthful manifestations of every organ of our bodies. The brain and nervous system distorted, the whole economy is perverted in its actions. Tobacco, then, being a sedative narcotic, its use diminishes the normal activity of the brain and nerve centres, and with that diminution, by necessity, there takes place diminished action of all the organs of the economy in the performance of their functions, and this diminished action constitutes positive disease. Who of us are not aware of the truthfulness of this, and yet how many of us use the opportunities which so often present themselves to instruct the public in regard to the baneful influence of tobacco? In very truth, do not some of us, by our practices, give encouragement to, and endorse the use of the weed. To witness the disturbance which the use of tobacco produces on the brain and nervous system, it will not do for us to observe its votaries when under its influence; we must withdraw them from its use for a short period, if we would discover the amount of brain and nerve disarrangement it gives rise to. "You, Mr. Chairman, no doubt have, as I have, upon more than one occasion, witnessed the marked mental and nervous disturbance which have presented when an habitual consumer of tobacco, one who has used it freely, has withdrawn from its use, in his honest effort to abandon it. I say, Mr. Chairman, you have witnessed how such, when not under the influence of tobacco, have suffered, and your pity and commiseration, as my pity and commiseration, have been excited for them. You have seen their hands as tremulous as are the hands of habitual drinkers, in the morning, before they have taken their accustomed drinks. You have seen how disturbed were their minds—unable to fix their attention, erratic in their conversation—their memories defective, restless and uneasy—their appetites lost or perverted—their dispositions changed, and that not for the better—unable to pursue with their accustomed energy their occupations—irritable, points as it were all over touching every body and touched by every body—and all this the sad work of tobacco. Then, sir, what shall we not say of tobacco as the fruitful parent of some of the most annoying and afflictive forms of disease? How much more often, perhaps, than all other causes, does the use

of tobacco give rise to dyspepsia, and all that terrible list of nervous annoyances which accompany it? How many epileptics may fairly trace the origin of their malady to the free use of tobacco? How often have we read in the reports of the chiefs of insane asylums, under the head of the causes of insanity, tobacco as one of them?

In my own professional walks I have met two unfortunate epileptics, the origin of whose sad affliction could be fairly traced to a large consumption of this poisonous weed—one of these the offspring of healthy parents in whom no such constitutional peculiarity could be traced, used tobacco to a great excess, chewing half a pound per week. This man's epilepsy progressed until his mind became impaired and an insane hospital became his home, where but a few weeks ago he died. The other epileptic is a poor laboring man. He was also an excessive chewer. He sought me for treatment of his fits. Believing tobacco to be their cause, I directed him to abandon its use, which he did; I placed him upon a treatment, a part of which was the administration of nervines, and I had the pleasure of seeing him after a long perseverance completely recover. I say completely recover, for several years have now rolled by and he has not had a return of the epilepsy. Dr. N. said he could scarcely express the degree of importance he attached to physicians casting the weight of their authority against the use of tobacco. But it will hardly do for us to teach the public that the use of this poisonous weed is calculated to enfeeble the mind and body, whilst we use it ourselves. We must back our teachings with example if we would be useful in such a work of reform.

Excessive use of tobacco, said Dr. N. perverts the appetite. May it not be that in some of those instances where we find the inveterate consumer of tobacco an inveterate drinker also, that the love of drink has had its origin in the perverted appetite produced by the use of the narcotic weed. If so, then in a moral point of view, it is the duty of the members of the profession to raise their voices and cry aloud against its use, not because of the only physical and mental debasement, but the moral degradation which springs up, the natural offspring of the use of tobacco.

As physicians in the pursuit of our calling, do we not often encounter, let me ask, said Dr. N., difficulties in securing the rapid and complete convalescence of some of our patients, such difficulties resulting from the use of tobacco? In illustration of this, permit me to remark, that but a short time ago, I had a patient, a convalescing patient, who presented nervous disturbances, the origin of which for a time was enveloped in much doubt, and his cure presented some difficulty, until I learned that

for several days he had been smoking a pipe. This understood the secret of all the trouble was exposed. The pipe smoking was abandoned, and my patient in a little time entered upon a steady and permanent convalescence.

DR. REMINGTON was much pleased with the remarks of the last speaker, and could abundantly testify to their correctness. He had known a class-mate at school, who was in the habit of using it freely, he was a small, stunted boy, stunted both in mind and body, with a very defective memory. Dr. R. regarded these things as the result of this vile habit. He was induced to think that its employment was in every sense pernicious. It impairs the tone of the stomach, thus being a great source of dyspepsia; then acting on the brain, it weakens the memory, and other faculties. He had known a case of insanity in the Friend's Asylum, and tobacco was set down as the cause. That it was highly injurious to life, health, and mental development, must be admitted by all, and to understand fully the great extent of its evil influences, we must take into view the millions who are daily using it. Scarcely any human being or animal can use it for the first time, without experiencing the most deadly sickness; nausea and vomiting are early symptoms, and even death has resulted. The use of a poultice of tobacco leaves to the abdomen, left on but half an hour, in one case, jeopardized the life of the patient. Of course, there was a difference in the susceptibility of patients. Injections of tobacco often depress the systems, and threaten the lives of those who employ them. It is almost impossible to give up its use, after the habit has been once contracted; so it is with all narcotics. They produce an unfavorable impression upon the nervous system, and one which it is almost impossible to relieve. Hence, they should be used with extreme caution, and their employment discouraged. With regard to alcohol as a medicine, he must admit its importance in fevers of a typhoid character, or where exhaustion has occurred. It causes food to be better retained by the stomach, and probably promotes digestion. As a drink, it has an exhausting effect. He quoted as an instance, mentioned by Parry in his Arctic explorations, the crew of a vessel who used alcohol; and even those who employed it in moderate quantities, could not endure the same amount of labor and fatigue, as those who had been strictly temperate.

DR. EMERSON said that the late Dr. E. Kane made the same remark in a conversation with him.

DR. A. L. KENNEDY regretted as the debate had taken so wide a range, that the subject of the *reform* of the *inebriate* had not been considered. In cases of *delirium tremens* he discarded the use of alcohol because he believed opium to be better, through its

immediate action as a remedial agent, and also in its remote action, as lessening the appetite for alcoholic drinks, and thus favoring the ultimate reform. The means of reforming the drunkard were now being discussed in this city, with the view of discovering the most effective, and of putting them in practice in an institution, or "Home" for inebriates. Eminent clerical advocates of temperance differed in their opinions of the propriety of establishing such an institution. Among medical men there was but one opinion, and that favorable. Could the "Home" be conducted on the principles of moral suasion? He thought not, but rather that coercive methods of treatment would be indispensable to success. He would, however, be pleased to learn the views of the members on the subject of the discipline, and also of the general treatment to be pursued.

DR. COATES' experience had been considerable on this point, as had been given on a previous occasion. The Pennsylvania Hospital was at one time a great asylum for inebriates, with the understanding that they could come out when they desired, as they had the legal right to do. He was under the conviction that it was out of the question to think of reforming them by moral suasion, or without the use of a lock to prevent them from getting liquor. He could quote several instances of men of superior ability and education, who were entirely beyond their own control in the ordinate use of means of intoxication. One was that of an individual, on whom a fine education had been bestowed by his friends, and who was bred to the connections and feelings of a gentleman, but who ran away from his friends to the British Navy. No length of abstinence, (for three years Dr. C. believed were tried,) nor a confidential station, and the most respectful treatment could give him the least self control when placed within reach of ardent spirits. Another, was that of a lady, a very refined woman, who had been accustomed to laudanum in enormous quantities. This was tapered off to total abstinence in the hospital, but although she was improved in the highest degree, and she had become ruddy, and grossly fat, she still declared that she should die if she did not get some laudanum. She was even glad to get a mixture, which was made for the purpose of deceiving her, and colored, and flavored with extract of quassia, so completely had her taste been misled, and the unsatisfactory feeling been confined to the mind or the brain. He would be very glad to find his views on this point to be incorrect, but did not think it possible. He did not think there could be a more humane act than this of establishing an institution for inebriates, and hoped most earnestly that it might fully succeed.

DR. CONDIE considered the subject of the proper organization of a house for the reformation of inebriates to be one of vast importance, and demand-

ing much thought, and a series of inquiries as to the results of experience, in order to arrive at correct conclusions. He would advise that it be made the subject of a separate discussion, which would no doubt prove both interesting and instructive. The question might be put in this form: "the mode of conducting an asylum for inebriates, and the means to be employed to secure their permanent reform."

DR. EMERSON said that it appeared to him as if intemperance were summed up, in a contest between the *will* and the appetite. A craving is formed from the habit of occasionally taking ardent spirits, and the will is not competent to furnish the necessary resistance. If the appetite is restrained for a sufficient length of time, by seclusion in such a home, this would afford the most rational ground of cure.

DR. BELL asked if the plans of the organizers proposed to dispense with medical attendance in such an asylum, for if so the result would be an entire failure.

DR. KENNEDY stated that the influence of tobacco on the mental powers was beginning to awaken attention in Europe. All who had pursued their medical studies in Paris, had observed the general prevalence of the habit of smoking among French students. He had learned that systematic inquiries, as to the effect of this habit on the minds of students of *l'ecole Polytechnique*, who were addicted to it, had resulted in the determination that their average collegiate standing was much less than that of students not so addicted. Like investigations, made at the Polytechnic College in this city (over which the speaker presides), had resulted in a similar conclusion. The studies of the Philadelphia School were believed to be quite as rigid as those of the French, and it was in the case of young men who were closely pursuing a severe course of study, especially mathematics and its applications to mechanics and engineering, that the effects of the use of this plant on the intellectual vigor could be best observed. The recent winter examinations at the Polytechnic College had shown too large a percentage in favor of those who neither chewed nor smoked, to permit the supposition that the difference was accidental. Nor could it be always said, that those who indulged in one or other of the above habits, were more convivial, and spent more time in society than those who did not. Dr. K. invited co-operation in the investigation of the effects of tobacco on the health of convalescents, and on the mental powers of young men just commencing its use. By this course, new, valuable and startling facts would probably be elicited.

DR. NEBINGER believed, that by a little reflection upon the effects of tobacco, it would strike us at once, that the legitimate effect of this weed would be to the development of just such facts as detailed

by Dr. Kennedy. It is a sedative narcotic, its influence by necessity is to control the action of the brain, to diminish its force and power, and if these effects should be continued for a series of years, in the end the tobacco consumer must be rendered more unable to accomplish great mental achievements than he would otherwise have been easily able to have performed. Tobacco is to the brain of one addicted to its use, what the small wooden shoe is to the feet of the Chinese women; it prevents its expanse and growth. If these inquiries, such as those referred to by Dr. Kennedy, were pushed, he would predict that facts would be piled upon facts to show that its influence upon the brain is to gradually diminish its activity and weaken its power.

DR. BELL, in reply to Dr. Kennedy, would say that the annals of temperance contain numerous cases of such reform. Others must have come within the knowledge of the members of this Society. He might refer, among other historical examples, to the eminent Mr. Wirt, Attorney General of the United States. The change must, from the imperative demands of appetite long indulged, be a difficult one, and hence the importance and necessity of all the aid, to be furnished in a suitable asylum, of which moral suasion is not by any means the only, or the most reliable one; the most suitable or healthy for a diseased appetite.

Adjourned.

Editorial.

REGULATIONS FOR ADMISSION AND PROMOTION IN THE MEDICAL DEPARTMENT OF THE NAVY.

Navy Department, August 1, 1857.

It is prescribed by law that no person shall be appointed in this branch of the service who has not been examined and found qualified by a board of Naval Surgeons, designated by the Secretary of the Navy.

A board of Naval Surgeons will be assembled annually, at such place as may be indicated by the Department, usually about the close of the lecture season of the colleges, for the examination and selection of candidates for admission into the Medical Corps of the Navy, as well as for the examination of Assistant Surgeons who may be candidates for promotion.

Application for permission to attend the examination for admission to the Medical Corps of the Navy must be addressed to the Secretary of the Navy, stating the age and residence

of the applicant, and be accompanied by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible position of a Medical Officer of the Navy.

The application of no one will be considered who is under twenty-one or over twenty-five years of age.

The permission will state the time and place of the meeting of the board.

The board rigidly scrutinizes the physical qualifications of each candidate, as well as his moral, mental, and professional fitness for the Naval Service; and reports favorably upon no case admitting of a reasonable doubt, as the health and the lives of the officers and men of the Navy are objects too important to be entrusted to ignorant or incompetent persons.

The board reports the relative merit of the candidates as shown by the examination; and appointments will be made in the Navy as vacancies may occur, in the order in which they may be reported by the board.

No qualified candidate will be held over for appointment beyond one year; if not appointed within that time, it will be necessary for the candidate to be re-examined, when he will take position with the class last examined.

Physical examination will precede the professional; no candidate not physically qualified for the active duties of the service, will be examined professionally. The board will make a separate report in each case, of the physical condition, *direct* to the Department, to be placed on file with the testimonials of the candidate.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment.

After five years' service in the Navy, at least two years of which shall have been passed "on board a public vessel of the United States at sea," Assistant Surgeons shall be entitled to an examination for promotion.

In order that the relative position of Assistant Surgeons of the same date, who shall be examined for promotion at different times, may be more readily determined, a majority of the members of the board will be selected, if practicable, from those who served on the next preceding board.

Assistant Surgeons, who are candidates for promotion, shall present to the board testimonials of correct deportment and habits of industry from the Surgeons with whom they have been associated on duty; also, a journal

of Practice, or Case Book, in their own handwriting. They are expected to be familiar with all the details of duty specified in the "Instructions for the government of Medical Officers."

Any Assistant Surgeon who shall fail to present himself for examination after he has been ordered, (unless for reasons which may be satisfactory to the Department,) or who, after examination, shall be reported by the board as "not qualified" for promotion, shall be dropped from the list of Officers of the Navy.

ISAAC TOUCEY,
Secretary of the Navy.

COMPENSATION.—The pay of Assistant Surgeons and Surgeons is established by act of Congress, approved on the 3d March, 1835, and is as follows:

Assistant Surgeons.

Waiting orders, - - - -	\$650 00
At sea, - - - -	950 00
After passing and found qualified for promotion to surgeon, -	850 00
At sea, - - - -	1,200 00
When stationed at navy yards, hospitals, rendezvous, and re- ceiving ships, - - - -	950 00
After being passed, and stationed as above, - - - -	1,150 00

Surgeons.

¹ For the first five years after the date of his commission, - -	1,000 00
For the second five years, - -	1,200 00
For the third five years, - -	1,400 00
For the fourth five years, - -	1,600 00
After he shall have been commis- sioned as a Surgeon twenty years and upwards, - - -	1,800 00

All Surgeons of the Navy under orders for duty at navy yards, receiving vessels, rendezvous, or naval hospitals, shall have an increase of one-fourth of the foregoing amount of their respective annual pay, from the date of their acceptance of such orders.

All Surgeons of the Navy, ordered as Fleet Surgeons, shall have an increase of one-half of their respective annual pay, from the date of their acceptance of such orders.

¹ SECTION 7 OF ACT OF AUGUST 3, 1848.—*And be it further enacted*, That in calculating for the pay of Surgeons, hereafter, the time upon the graduated scale of pay shall be reckoned from their original entry into the service.

In addition to the above, Surgeons and Assistant Surgeons are allowed one ration [or 25 cents] per day when attached to vessels for sea service, and ten cents per mile for travelling expenses, if under orders of the Department.

The preceding is a copy of the "Regulations" which govern the admission of candidates into the medical corps of the navy, as well as the promotion of assistant surgeons. Members of the profession who carefully peruse this document will be able to appreciate the pecuniary value of the position, comparatively with that of well educated practitioners in private life, either in cities or rural districts. Besides the solid emoluments, we have to consider the gratification and advantages which flow from visiting foreign countries under favorable circumstances. To the young and ardent these are important considerations, especially if they be without sufficient capital to commence business at home. It is too frequently forgotten that capital is needed by the young physician seeking to establish a practice. He needs enough to maintain him comfortably during four or five years, as a gentleman; for who that can pay will employ a young doctor, out at the elbows, and without a horse and vehicle, while he can obtain the services of a well dressed, experienced member of the profession, possessed of all the appliances necessary to enable him to discharge his duties promptly.

While considering the inducements to enter into the service of the Government, it might be well to look at some of the drawbacks incident to the career.

By reference to the Navy Register it will be perceived, that gentlemen serve about thirteen years in the capacity of assistant surgeons prior to promotion; that the youngest fleet surgeon on the list has been thirty years in the navy; and of the sixty-nine surgeons, *only six* are receiving the highest rate of pay, as fleet surgeons. Is it true that a thoroughly qualified practitioner cannot expect, after devoting the best thirty years of his life in the exercise of his profession, a higher rate of "compensation" than is given by the Government to the fleet and other surgeons in the

navy? Is the pecuniary reward of the profession so very small that its members can be attracted by the preceding scale of pay to submit to a careful scrutiny of their qualifications, and then expose themselves to the dangers of the sea, the hazards of battle, and the influences of climate on health, and years of separation from family and home? Surely, the five or six hundred graduates who yearly issue from the medical schools of the Union believe, individually, that thirty years of devotion to professional duties will secure better circumstances than those promised by the Government! Can we suppose that no better inducements than those are sufficient to call thousands of well educated, "talented" young men into the profession every year!

Pecuniary gain cannot be the lure which attracts votaries to the temples of medicine, if this scale of "compensation" for medical services in the navy be a just criterion of their usual value everywhere throughout the Union! The Engineers—those whose duty is to manage and manipulate the marine engines on board of steam ships of war—receive from \$1,200 to \$2,000, and the Assistant Engineers from \$400 to \$1,000. And they have the same nominal rank as medical officers and pursers. The pay of pursers is from \$1,000 to \$3,500 a year. These officers are far from being overpaid for the responsibilities they incur, and the labors they undergo in their respective vocations. Men who have acquired such a profession as that of medicine ought surely to receive as much for their services as the most expert machinist or book-keeper. But they do not.

Look for illustration of the point, through this great city, and see how many of the comfortable residences have been acquired, and are owned through profits accruing from the honest practice of medicine and surgery? Luckily, Doctors are sometimes the recipients of paternal estates, and are well off in worldly goods; but we find few who are so, exclusively from professional toils. Yet, admitting the comparatively low value of the medical profession, its members in the navy are meanly compensated; and if we are to credit one of the number, whose recent work (entitled "Fauk-

wei; or the San Jacinto in the Seas of India, and China, and Japan, by William Maxwell Wood, M. D., U. S. N., late Surgeon of the Fleet, to the United States East India Squadron," etc.) has suggested these remarks, they are more meanly considered in other respects. Speaking of his condition and position on board ship, in the thirtieth year of his service, he says:

"I sat in my *state room*. It was the Surgeon's room—the fourth one—the last but one back on the port side. The Chief Engineer, the Master, the Purser, were all ahead of me, although in age and service I was by much the oldest officer in that mess; and, except the Commander-in-Chief, the oldest in age in the ship. At this time I am in my thirtieth year of service; and twenty-nine years ago as acting surgeon of a sloop-of-war, I inhabited the same relative cell. Time and service had brought no change of position, of privileges, of physical comfort in my shipboard life. I was worse off; then there were youth and hope to buoy me over annoyances, and my companions were of congenial years; now I was alone, those of my original associates who were left—and they are but few—as captains and commodores were separated from me by duties, rank and distant stations. Of the occupants of the nine state-rooms besides my own, all, save one, were strangers to me. The difficulty of forming social intimacies increases with years; and I could not expect the tastes, sympathies or conversation of those so much younger than myself to accord with my own. I had now the high sounding title of the 'Surgeon of the Fleet,' with its real duties and responsibilities, but this was simply a gilded cap upon my head, while I was left shivering in the tatters of the old garments of my youth and more humble position."

Probably only those who have had the experience can appreciate the disgust or dissatisfaction which inures to occupying the same position for thirty years in a military community in which all are advancing with time to a continuously improving condition, in one respect or another, independently too of individual merit or effort. It is an advantage of line officers to be constantly advancing from the post of subordination to that of command, enjoying at every step in advance an increase of comfort and gratification, while those of the

staff-corps remain subordinate always, (which is necessarily so,) and without any compensation of any kind whatever accruing to them from prolonged service.

Those who would be informed more fully on the subject are referred to Dr. Wood's very sprightly and entertaining volume. Our limits forbid our making further extracts or remarks.

Medical News.

Hirschfeldt the Chef de Clinique de l'Hôtel Dieu, and great writer on the nervous system, with whose magnificent work on the anatomy of the nerves every anatomist is familiar, has been lately appointed Professor of Anatomy in the Imperial Academy of Warsaw.

The appointment is a deserved one, and is remarkable from the fact that it is the first instance of a Jew being allowed to hold office in Russia. The position was first offered to him on condition of his becoming connected with the Greek Church, which he refused, but on unanimous recommendation of the University, the condition was waived.

Mrs. Ann Martin, a wealthy huckster of Detroit, has donated to that city landed property to the value of \$20,000 for use as a Free Hospital.

A Naval Medical Board, consisting of Surgeons W. S. W. Ruschenberger, L. B. Hunter, G. D. Miller, and Passed Assistant Surgeon, G. H. Howell, is in session at the Naval Asylum in this city, engaged in the examination of candidates for admission into the medical corps of the navy. We learn that it will probably continue to sit three or four weeks longer.

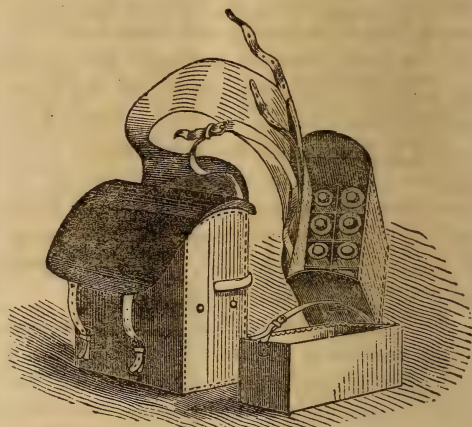
MARRIAGES.

BATEMAN—**BATEMAN**.—On the 7th inst., by Rev. Charles F. Diver, Dr. Robert M. Bateman to Nellie H. only daughter of Dr. E. E. Bateman, all of Cedarville, N. J.

GREEN—**MILLS**.—In Lawrenceville, Pa., April 13th, by Rev. Sidney Mills, Dr. Wm. Green, of Scranton, Pa., to Miss Kate H., daughter of the officiating clergyman.

HOWELL—**NEILL**.—In this city, on the 13th inst., by Rev. Dr. W. Neill, Samuel B. Howell, M. D., to Maria E., youngest daughter of the officiating clergyman.

J. M. MIGEOD,
MANUFACTURER OF
MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,
No. 27 South Eighth St., Second Story,
Entrance on JAYNE ST., (formerly Lodge Alley,)
PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " "	\$9 50
No. 2, containing	10 1 oz. " " " "	
	10 1/2 oz. " " " "	8 50
No. 3, containing	8 1 oz. " " " "	
	8 1/2 oz. " " " "	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " " "	and
" " "	4 Pots, " " " "	\$12 00
No. 4, containing	20 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " " "	
" " "	18 1/2 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " " "	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$16 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " "	and
" " "	4 Pots, " " " "	\$13 00

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, *to serve the Profession*,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 *in advance*; single copies, *ten cents*. The REPORTER will only be sent to those who pay for it. *Notice will be given to subscribers at the termination of their subscriptions.* Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D., } Editors.
R. J. LEVIE, M. D., }

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago.

Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are *ten volumes*, and they contain a very large amount of practical information, besides a large number of *steel engraved portraits* of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

J. M. MIGEOD,

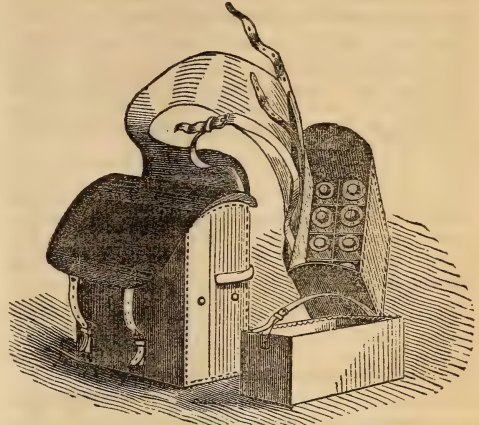
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley.)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " "	\$9 50
No. 2, containing	10 1 oz. " " " "	
	10 1/2 oz. " " " "	8 50
No. 3, containing	8 1 oz. " " " "	
	8 1/2 oz. " " " "	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" "	18 1/2 oz. " " " "	
" "	4 Pots, " " " "	and
" "	1 Mortar, " " " "	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" "	14 1/2 oz. " " " "	
" "	4 Pots, " " " "	and
" "	1 Mortar, " " " "	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" "	10 1/2 oz. " " " "	and
" "	4 Pots, " " " "	\$12 00
No. 4, containing	20 1/2 oz. Ground Stop. Bottles and	
" "	2 Pots, " " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles;	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop. Bottles,	
" "	18 1 oz. " " " "	
" "	18 1/2 oz. " " " "	
" "	4 Pots, " " " "	and
" "	1 Mortar, " " " "	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" "	14 1 oz. " " " "	
" "	14 1/2 oz. " " " "	
" "	4 Pots, " " " "	and
" "	1 Mortar, " " " "	\$16 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" "	14 1/2 oz. " " " "	and
" "	4 Pots, " " " "	\$13 00



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a useful *Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK. PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

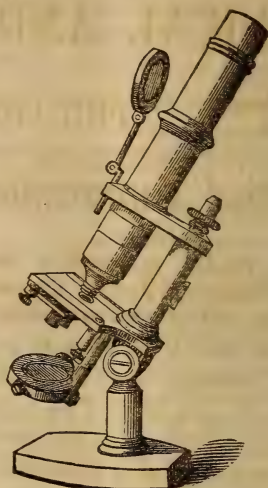
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c. SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pins, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Uriometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

JAMES W. QUEEN & CO, OPTICIANS,
123—1y 924 Chestnut St., near Tenth, Phila

PHILADELPHIA SURGEONS' BANDAGE

INSTITUTE,

(PATRONIZED BY THE MEDICAL FACULTY.)
No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin J. Square. Artificial Teeth in entire or partial sets; Obturators, Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

127

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES,
NO. 132.

PHILADELPHIA, APRIL 30, 1859.

{ NEW SERIES,
VOL. II. NO. 5.

Original Communications.

Adhesive Plaster successfully used in a Case of Fractured Femur, in maintaining extension and counter-extension.

By THOS. M. WOODSON, M. D.
Of Sumner County, Tennessee.

On 13th August, 1858, I was called to see a little boy, aged two years and three months, who had just received a fracture of the left femur, by falling from a loaded wagon while in motion. It was simple, oblique, situated just above the middle of the bone. Remembering an apparatus described by Dr. David Gilbert, of Philadelphia, in the *American Journal of the Medical Sciences*, January, 1851, I decided on its use. A single long splint, with a movable block at the lower end, the upper with two holes for securing the counter-extending bands, was prepared. Adhesive strips were applied for extension of the leg below the knee; the counter-extending strips were then so applied as to cross each other at the inner and upper part of the thigh, close to the perineum, and again externally, before passing through the mortice holes. A piece of pasteboard was applied to the inner and anterior part of the thigh, the splint and pasteboard being well padded with carded cotton. Counter-extending strips were well secured to the leg above the ankle, and the limb brought to its proper length. Having no tourniquet, the extending strips were properly tightened and tied. A broad roller was applied around the pelvis and upper end of the splint, and the little patient placed upon a firm mattress. The apparatus was kept on five weeks, when union was complete. There was only very slight shortening. I do not think

any other plan would have done better as regards the shortening of the limb, and I am certain none could have been worn with equal comfort, as there was no excoriation or pain. The counter-extending strips became loose and required renewing once. This was caused by the patient urinating upon them, not being altogether manageable in that respect; otherwise they would have remained secure until the union was complete. In this case the adhesive plaster proved in every respect satisfactory, meeting all the advantages claimed by Dr. Gilbert,—the patient is more comfortable, the surgeon does not have to re-adjust the splints and bands to prevent the pain, abrasion, excoriation or sloughing, so much dreaded.

I am induced to report this case by seeing in the April No., 1859, *Amer. Jour. Med. Sciences*, another paper upon the same subject, by Dr. Gilbert, treating at length upon its use in all fractures of the lower extremities, which is very interesting.

Remarks by the Editors.

The use of adhesive strips in making *extension* in the treatment of fractured femur is decided by the best authorities on the subject to be the most efficient method, and it is now generally adopted in hospital and private practice in this country. European surgeons, too, have recently acknowledged its superiority.

The application of the same material to *counter-extension* is of later date, and its use has not become so general, yet we believe that the indications for it are similar and as apparent as for *extension*. Indeed, the use of it at the same time for both purposes is essential to one of the great advantages claimed—the *permanence* of the dressing.

A fallacious objection early urged against

the use of adhesive strips for *counter-extension*, was the obliquity of the tension; losing sight of the fact that the long axis of the shaft of the femur is itself oblique, corresponding nearly with the direction of the traction of the counter-extending strips, and not the same as the vertical axis of the body. When the feet are placed together, the femur inclines outwardly at an angle of from ten to fifteen degrees from the long axis of the body. This is caused by the wide separation of the acetabular cavities, and the peculiar direction inward, almost at a right angle, of the head of the thigh bone, throwing the upper end of its shaft outward, and the approximation again of both femora at the knees, bringing them near to the line of the centre of gravity of the body. The upper part of this diverging space between the femora, which is greater in the female than in the male, is rendered less apparent by being filled with the greatest portion of the mass of muscles of the thighs.

It has also been incorrectly asserted that extension or counter-extension, attempted by adhesion to the integument, would merely stretch the skin, leaving the relative position of the firmer structures beneath unchanged. The skin is, to a slight extent, movable on the fascia beneath, but beyond that no power likely to be applied will make it yield, and the real stretching of the skin, under any amount of power, when an extensive surface is covered by the strips, must be very slight. As the measurements of length, in the treatment of fractures, are between fixed bony points, it is easy to ascertain that the force has been transmitted to the bones, and the limb really lengthened.

Thus it is evident that we have a sufficiently firm surface from which counter-extension can be effected, and on which any amount of force necessary to overcome muscular contraction may be used, without causing pain or excoriation at the seats of its application. This is explained by Dr. Gilbert, to whom the profession is indebted for the originating of this method, in the following manner:

"The adhesive plaster counter-extending bands become firmly adherent to a large ex-

tent of integument, consequently there can be no friction upon its surface; and through this extensive union with the skin, *pressure is widely and evenly diffused*. In the use of any of the ordinary unattached counter-extending means, the extent of surface occupied at the seat of pressure does not exceed eight square inches; a fractional part only of which sustains its greatest intensity, viz: that which overlies the tuber ischii, the edge of its ascending ramus, and a narrow space of the body of the pubis. The extent of surface to which the adhesive plaster counter-extending bands are attached, on the other hand, amounts to about one hundred square inches, over all of which the tension and pressure are equally distributed. In the use of the former, all the tissues lying upon the points of bone mentioned, endure constant pressure, amounting often to constriction; in the use of the latter, through the elasticity of the skin, and the extensive distribution of the tractive power, pressure is slight and painless. In the use of the former, friction is produced continually by the movements of the body or limb; in the use of the latter, friction is impossible. The former glides over the surface, and acts as a ligature; the latter, being adherent, cannot act thus. The former does not fix the pelvis; the latter holds it firmly, and keeps all the parts steady from the chest to the foot. The former requires the daily attention of the surgeon, to relieve suffering and prevent abrasion; the latter requires no such attention, unless the bands lose their attachment, which ordinarily does not occur more than once during the whole period of treatment. In short, by the adhesive counter-extending bands pressure is completely neutralized, friction cannot occur so long as they remain adherent, perfect quietude of the fragments is maintained; the union, consequently, requires less time, and less attention from the surgeon, and the patient is entirely free from the annoyance and suffering inseparable from the ordinary methods, no matter how great the power used to overcome the muscular contractions, or how protracted the period required for union in complicated cases."—*Am. Jour. Med. Sciences, April, 1859.*

In the cases which have been at different times reported by Dr. Gilbert, "it is shown that the most seriously complicated, compound, and comminuted single and double fractures in adults, children and infants, were treated without pain at the seat of counter-extension; and that the cures were perfected in unusually short periods of time. In some of the cases, adhesive plaster bands were used instead of the common roller and many-tailed bandage, with great advantage. Although the anterior and posterior counter-extending bands are usually quite sufficient, yet any additional amount of adhesive plaster may be applied in order to diffuse the tractive force still more widely. The pelvis may be fixed by girding it with a broad horizontal band, from which any desirable amount of counter-extending power may be commanded, by strips extending from it anteriorly and posteriorly to the upper extremity of the splint. Thus the perineum, if any injury there should render it necessary, may be left free and unencumbered."

The case of double compound fracture, fully reported by Dr. Gilbert in the last number of the *American Journal of the Medical Sciences*, we had an opportunity of seeing, and considered it the best dressed double fracture we had ever witnessed, and the successful termination of the case, with complete restoration of both limbs, attests the efficiency of the dressing.

The general adoption of the plan of making both extension and counter extension from the surface by adhesive strips, will undoubtedly show better general results than the best surgeons acknowledge having been able to produce by any other means.

On Tuberculosis and its Treatment.

No. 7.

BY GEO. J. ZIEGLER, M. D.,

Physician to the Home for Invalids, with Diseases of the Chest, Philadelphia.

3. *Heat*.—Heat is an essential condition of life. The degree of temperature necessary for organic or vital action varies, however, according to the special character and peculiarities of

the organism. Nevertheless, it is in all cases more or less definite and fixed, and in relative proportion to the grade or intensity of vital action, this being either prevented or suspended by a temperature below or above certain points, and hence organization can only take place within specific thermometric limits. Within these limits, in general, a low temperature retards, while a high temperature promotes organic or life action, the vital energy and activity being mainly in proportion to the degree of heat. The relative proportion of heat required will, however, necessarily depend upon the class, type, special character, habits, functions, activity, and other peculiarities of the organism, as well as its more simple or complex nature. In man the degree of heat essential to healthy action ranges from $96\frac{1}{2}^{\circ}$ to 102° , though it usually approximates 100° , and is somewhat uniform in all climates and seasons. Whenever, therefore, it passes beyond these limits, and either above or below the normal standard, derangement of various kinds and degrees, and even death itself may more or less rapidly ensue. It will thus be seen that heat performs very important functions in the living economy. In man, and the animal organism generally, it promotes the various organic and dynamic functions. These are thus defined by an eminent and philosophic physiologist*: "Heat subserves two very important purposes in the animal economy: *First*. It is indispensable for the production of various protoplasmata out of the common plasma, and likewise for the evolution of forms; and *Secondly*, it develops mechanic power by being converted into the nerve motor-force through the medium of the nerve centres."† It will thus be seen that for the chemical, physical, and organic processes of vegetative life, physical, mechanical, and dynamical purposes of animal life, and probably also to some extent for the higher and more complex functions of psychological life, not only a definite quantity, but a comparatively high degree of heat is required.

The temperature requisite for the vital pur-

* Jackson.

† Reese's Analysis of Physiology, 2d ed., p. 35.

poses is, in man and some other animals, after a certain degree of development, principally generated within the body, though it is always supplied more or less freely from without. Hence there are two great sources of heat for biological purposes, viz. the internal or organic, and the external or extraneous. The principal source of temperature within the body is undoubtedly due to the chemical changes going on therein, yet it is more than probable that much heat is also evolved by the mechanical processes and dynamical influences, as well as the more purely organic or vital operations of the economy. This idea does not seem extreme in view of the facts that heat is developed out of the body by mechanical and dynamical means, as well as chemical action, and that these are analogous to and correlative with those operative within the living organism. It is also sustained by the fact that physical, nervous, and mental excitement cause an increase, or a more or less rapid development of animal heat, which, though partly, cannot be considered as exclusively dependent upon chemical action. Again, it is still further confirmed in the diminution of temperature by the absence or withdrawal of nervous and psychical influence. The temperature of the animal economy is, therefore, mainly dependent upon various conditions, operative within itself, organic, chemical, mechanical, and dynamical. It may hence be increased or diminished in various ways; thus, by the quantity and character of the food, drink, and air, nervous and mental states, exercise or repose, clothing, exposure, etc. In addition to the internal sources of heat, there are, as before mentioned, others external to the system. The principal of these are the planetary, such as the sun and earth, and chemical action, the most important and useful of which is common combustion.

The capacity for the internal generation of heat differs in different species, according to their special character, functions, and peculiarities of organization. This capacity for generating heat varies, however, not only thus in different species, but also in different individuals of the same species, and in the same individual at different periods of time.

Thus in man, for instance, there is considerable diversity in this respect. This diversity is generally well marked, and is usually characterized by corresponding peculiarities of constitution indicative of the different grades of vital energy and capacity. Thus, all other things being equal, those who generate heat freely and abundantly, have, in the main, a higher grade of organization, and are correspondingly more predisposed to derangements of an acute, active, and sthenic character, while conversely, those endowed with a moderate capacity for the evolution of heat, are usually less vigorous and healthy, and have a proportionate tendency to affections of an adynamic, atrophic, and chronic nature. This natural capacity for the production of heat is, however, more or less influenced by the age, sex, period of the day and year, variations of external temperature and character of climate, habits and modes of living, degree of exercise, quantity and quality of aliment, air and drink, nervous, psychical, and other states, morbid conditions, etc.

The necessity of a due proportion of heat for the perfection of the vital processes, the development of the organism, the preservation of health, and the existence of life itself is therefore manifest. But the method whereby it is furnished is not so apparent, though as before stated, it is probable that it is principally due to the organic, chemical, mechanical and dynamical processes of the living economy itself. All other things being equal then, the quantity and the intensity of this heat is in proportion to the nature and rapidity of the chemical changes and molecular modifications, the mechanical processes and dynamical influences, and the character, functions, and activity of the entire organism. A due amount of heat or a definite temperature is therefore, a *sine qua non* for, as well as a result of healthy action, either organic, chemical, mechanical or dynamical. In a state of health then, the various processes of life are in the main, attended with the evolution of sufficient heat for the several special and general purposes of the economy, such as the transformation of alimentary matter, cell action, hæmâtosis, assimilation, disintegration, innervation,

locomotion, etc. Whenever, however, the process of calorification is not sufficiently active, and the artificial sources for the extraneous supply of heat fail, or the temperature of the body becomes from any cause reduced below the normal standard, more or less disturbance of the economy, or even the total destruction of life itself may take place. The abnormal aberrations may be exhibited in various ways, such as for instance, in imperfect or depraved formative and retrogressive metamorphoses, deranged cell and molecular action, defective hæmatisis and histogenesis, and irregular, secretion, excretion, innervation, intellection, and other abnormalities. Derangement of various kinds and degrees, or even death itself, may, however, result from an excess as well as a deficiency of heat. These derangements may also be exhibited in all parts of the system, the vegetative, animal, and psychical life inclusive.

Whenever, therefore, the economy becomes incapable of generating the requisite quantity of heat, or this cannot be sufficiently compensated for by that obtained from extraneous sources, and the temperature of the body is reduced for any length of time below the healthy standard, various forms of derangement, and especially of the nutritive and dynamic processes are apt to occur. Tuberculosis may be thus engendered, and tuberculous matter developed. It is, however, found that in this affection, the temperature is frequently above rather than below the normal standard. This is not, however general, and when it does occur, is rather a consequence of disease than of healthy action, as in reality, the normal molecular cell, and chemical actions which are the principal means for the development of heat in the economy, are in this disease in more or less abeyance, indeed the inertia or irregularity of these processes are among the active causes of the tuberculous affection. Besides both clinical observation and personal experience teach that in the main and *ab initio*, the temperature is rather below than above, or even up to the healthy standard. While, therefore, this modification of temperature is often an antecedent, it is also a conse-

quent of the general morbid condition. In general, then, in tuberculosis the organic temperature is rather below than even up to and much less frequently above the normal standard, the function of calorification being in greater or less abeyance. Nevertheless the tuberculous disease is often attended in the advanced condition especially, with frequent alternations and extreme diurnal variations of temperature, which are more particularly marked between the night and day, though they may occur at any period of the day. These extremes are frequently exhibited in the phenomena of hectic fever, though they may be connected with and even give origin to other forms of derangement. This hectic condition is, however, connected more or less intimately with the nervous system, and it may be that the frequent and extreme modifications of temperature, are due in some measure to the depressed condition or abnormal excitement of the dynamic apparatus than to the irregular chemical and molecular action, though it is necessarily more or less connected with the latter. This does not seem unreasonable in view of the influence which the nervous system exerts over the function of calorification and the production of heat.

Thus the temperature in phthisis is frequently modified and usually diminished, though, as before intimated, it is very variable and irregular, often alternating from a lower to a higher grade, with a tendency to a gradual and permanent decline, as in other and analogous conditions of starvation or general atrophy. This modification and variability of temperature is thus analogous to that which takes place in actual starvation, and hence, by so much strengthens the belief in the general similarity of the two conditions, though the one is a consequence of an insufficiency or absolute privation of aliment, while the other is mainly the result of inability to transform and assimilate it. This analogy between absolute starvation by the privation of food, and that from the inability on the part of the system to appropriate or organize it, which latter is the fundamental condition in phthisis, is made more apparent by the following, which we tran-

scribe in consequence of its practical bearing upon the point in question :

"Our knowledge of the dependence of all the vital processes in warm-blooded animals upon the heat of their bodies, and of the dependence of their calorifying power upon the due supply of material for the combustive process, has received some remarkable additions from the experiments of M. Chossat, upon starvation. He found that birds, when totally deprived of food and drinks, suffered a progressive, though slight, daily diminution of temperature. This diminution was not so much shown by a fall of their maximum heat, as by an increase in the diurnal variation, which he ascertained to occur even in the normal state. The average variation in the *in-anitiated* state was about 6° (instead of $1\frac{1}{2}^{\circ}$), gradually increasing as the animal became weaker; moreover, the gradual rise of temperature, which should have taken place between midnight and noon, was retarded; whilst the fall subsequently to noon commenced much earlier than in the healthy state; so that the average of the whole day was lowered by about $4\frac{1}{2}^{\circ}$ between the *first* and *penultimate* days of this condition. On the *last* day, the production of heat diminished very rapidly, and the thermometer fell from hour to hour until death supervened; the whole loss on that day being about 25° Fahr., making the total depression about $29\frac{1}{2}^{\circ}$. This depression appears, from the considerations to be presently stated, to be the *immediate* cause of death. On examining the amount of loss sustained by the different organs of the body, it was found that 93 per cent. of the *fat* had disappeared; being all in fact, which *could* be removed; whilst the nervous centres scarcely exhibited any diminution in weight. * * * * Whenever, therefore, the store of combustible matter in the system was exhausted, the inanitated animals died, by the cooling of their bodies, consequent upon the loss of calorifying power."

Now, as this modification and variability of temperature resulting from starvation is thus

shown to be analogous to that in tuberculosis, and the conditions of system appear to be somewhat similar in the two cases, it is highly important, nay absolutely necessary for the preservation of life and restoration of health, that the normal temperature should be restored. Hence, the due proportion of heat should be supplied, and be generated, if possible, by the organism itself, though in the event of its incompetency it must be obtained from without. Whenever, therefore, the organic processes and systemic energies become thus deranged, and the animal temperature irregular or diminished, it will be necessary to resort to the most efficient means to restore the vital equilibrium and normal temperature. For this purpose it will be necessary in the first place, to employ more freely and exclusively those articles of aliment which are most powerful in giving tone to the general system, and which most readily exalt and stimulate the process of calorification. Also, to promote the same by plenty of pure fresh air, suitable clothing, and judicious exercise, as it is better to keep up and restore, if possible, the vital energies and normal temperature by such hygienic means, than to trust too implicitly to extraneous influences. When these are not sufficient, resort may be had to the extraneous sources of artificial heat, the most general and convenient of which, in cold climates, is chemical action as in the ordinary process of combustion. If this does not suffice, it may be necessary to seek that of a planetary nature, by a residence in a warm climate.

The powerful influence which artificial heat exerts in supporting life when the supply from the natural sources fails, and in promoting the various processes of nutrition, secretion, innervation, muscular action, etc., is strikingly shown by the experiments of M. Chossat. And though the following in relation thereto is somewhat long, yet it is so pertinent to the subject under discussion, and of so much practical value in the present connection, that we prefer to transcribe it in full than attempt a mere general outline. It is proper to state, however, that these remarks are in continuation of the subject just alluded to in the pre-

* Principles of Human Physiology, Carpenter, 5th Am. ed. p. 623.

ceding quotation (*supra*). "When inanitated animals, whose death seemed impending (in several instances death actually took place, whilst the preliminary processes of weighing, the applications of the thermometer, etc., were being performed), were subjected to artificial heat, they were almost uniformly restored from a state of insensibility and want of muscular power to a condition of comparative activity; their temperature rose, their muscular power returned, they flew about the room and took food when it was presented to them; and if the artificial assistance was sufficiently prolonged, and they were not again subjected to the starving process, most of them recovered. If they were left to themselves too early, however, the digestive process was not performed, and they ultimately died. Up to the time when they began to take food, their weight continued to diminish; the secretions being renewed, under the influence of artificial heat, sometimes to a considerable amount. It was not until digestion had actually taken place (which, owing to the weakened functional power, was commonly many hours subsequently to the ingestion of the food), that the animal regained its power of generating heat; so that, if the external source of heat was withdrawn, the body at once cooled; and it was not until the quantity of food actually *digested* was sufficient to support the wants of the body, that its independent power of calorification returned. It is to be remembered that, in such cases, the resources of the body are on the point of being completely exhausted, when the attempt at re-animation is made; consequently it has nothing whatever to fall back upon; and the leaving it to itself *at any time* until fresh resources have been provided for it, is consequently as certain a cause of death as it would have been in the first instance. It can scarcely be questioned, from the similarity of the phenomena, that inanitation, with its consequent depression of temperature, is the immediate cause of death in various diseases of exhaustion; and it seems probable that there are many cases in which the depressing cause is of a temporary nature, and in which a judicious and timely applica-

tion of artificial heat might prolong life until it has passed off, just as artificial respiration is serviceable in cases of narcotic poisoning."¹

If, therefore, the application of artificial heat is so powerful in modifying the evil effects consequent upon starvation, it is reasonable to infer that it would also prove very useful in all analogous conditions of depression, whether temporary or prolonged, and clinical experience furnishes much practical evidence in favor of this view. The importance of preserving the proper temperature of the body by artificial means where the natural fails, as in the case of partial or complete privation of food, as well as in all other adynamic and atrophic conditions, tuberculosis included, is thus exhibited in a remarkable manner. Hence, in phthisis every attention should be paid to the judicious supply of artificial heat in conjunction with proper alimentation, aeration, clothing, exercise, and everything else necessary to insure healthful calorification. This hygienic surveillance should be constant both day and night, and in the latter especially, as it is during this period of time that the usual diurnal variation of temperature reaches its minimum, and the thermometric depression is apt to be extended still further in consequence of the adynamic state incidental to the tuberculous disease. Thus it frequently occurs that this more extreme diurnal variation, and greater diminution of temperature during the night, not only increases existing derangements, but develops latent tendencies into active morbid conditions, and also gives rise to fresh complications. Hence the necessity for constant and intelligent care to guard, as far as possible, against all contingencies.

—o—

Our Boston friends are subscribing liberally for the Agassiz Museum of Natural History. The *Transcript* of that city says that twenty-eight individuals gave \$1,000 each, nine gave \$2,000 each, and one gave \$5,000. Exclusive of the Gray fund of \$50,000, the subscriptions now exceed \$70,000.

¹ Carpenter's Prin. of Human Physiology, 5th Am. edition, p. 624.

Croton Oil in Anasarca.

By J. R. McCLURG, M. D.,

Of Philadelphia.

Having experienced considerable trouble during the past ten years in the treatment of some of those dropsical effusions, not only of the serous cavities, but of the external areolar tissue and the submucous structure, and knowing that other physicians generally have not been more successful in the treatment of this affection than myself, I hope something of therapeutical interest will not be entirely unacceptable. So far as my experience goes, *Croton oil* stands prominent and first upon the list of medical agents for the treatment of each and every case of acute or chronic dropsy; being a remedy entirely safe and efficient for youth or old age. The minuteness of the dose, the facility of its administration, the long interval between its required repetition, the certainty, ease, and rapidity with which the bowels are evacuated when properly given, its very decided effect upon the kidneys, as soon manifest by the increased quantity of urine, acting energetically upon the liver and promoting copious discharges of bile, exciting the peristaltic action, stimulating the absorbents and arousing them into healthy activity, and at the same time exerting a tonic influence upon the capillary system, are some of the reasons that have induced me to regard this medical agent with such favor. During the past year I have had excellent opportunities, in a number of interesting cases, to test the value of croton oil, and see from its use the most happy effect, and am entirely satisfied that the benefit derived from its use must be attributed more to its stimulating and tonic influence upon the secretory, the absorbent and the capillary systems than to its purgative properties. But let me give a single case connectively. In the spring of 1858, Miss M—— consulted me on account of a stiff and swollen condition of her feet and ankles, pitting under pressure toward evening, but the swelling quite disappearing before morning. She considered her health very good otherwise; and, indeed, after a close examination of her case, I was unable to find any organic disease, and

only a slight menstrual derangement. I recommended the bitartrate of potassa and the tincture of the sesqui-chloride of iron for her case, under which she appeared to improve. During the early part of summer, however, the dropsical effusion and tumefaction of the lower extremities became considerable, and being away from home a few months, she was treated by several irregular practitioners, but received no permanent benefit. In the latter part of summer she returned and again placed herself under my care. The anasarca was at this time general, and the lower extremities were enormously increased in bulk. There was considerable dyspnœa and gastric derangement. I treated her for some weeks, using in rotation all those medical agents usually recommended in such cases, viz: bleeding, cupping, calomel, squills and digitalis, the nitrate of potassa in large doses, jalap and cream of tartar, tartar emetic in large doses, scammony, gamboge, black hellebore, elaterium, iron and quinine, and iodine and its preparations, without any curative effect in the case. As the swelling was gradually increasing, the dyspnœa distressing, and the patient perfectly miserable, I resorted to cutaneous incisions, the curative effect of which I have witnessed in a number of cases. The incisions should always be made with a sharp lancet on the top of the feet, if at all practicable; and two on each foot, quite down to the fascia, and at least five-eighths of an inch in length, never making small punctures. The water flowed very freely for several days, very many quarts being removed, to the great relief of the patient, and for a time flattered us with a cure. But in a few days the incisions healed up, the dropsical effusion re-accumulated, and in a short time the patient was again bloated to an enormous extent. The dyspnœa was very great, and the patient was not able to lie down at all. Her condition was at this time truly distressing, and as I had already resorted to every other remedy likely to help the case, I concluded to give the croton oil a full trial. I gave her one drop every morning. The first dose or two produced nausea and vomiting of a large quantity of bilious matter, and operated three or

four times upon the bowels. On the third night she was able to lie in bed—her appetite was now good, and the swelling very fast disappearing. She continued to improve very rapidly, and on the *thirteenth day, after having taken only thirteen drops of the Croton oil*, she was entirely cured and remained so. Almost every dose of the oil produced slight nausea, but only the first two or three vomited the patient, and in no instance did it operate upon the bowels so severely as some of those drastic cathartics by which it was preceded. The perceptible change for the better commenced after the second dose of the oil, and the cure was most rapid and unexpected.

Paralysis of the Uterus, from a Fall.

By J. M. STEVENSON, M. D.,

Of Adamsburg, Pa.

Mrs. B., aged 26, when six months pregnant with her fifth child, received a fall, striking her sacrum upon a projecting ledge of rock, producing momentary unconsciousness, and permanent paralysis of the right lower extremity. Under appropriate treatment, she so far recovered in four weeks, as to walk about her room. Her health remained impaired, and the limb partially helpless, until full term, when she fell in labor, April 10th, at 3 A. M. I saw her, in connection with Dr. Jas. H. Duff, April 13, at 5 P. M.; learned that her pains had occurred at regular intervals, and were severe during this period, yet there was no progress. She was pale, feeble and incapable of any exertion. Pulse, one hundred and forty-five, soft and regular. Sensation natural in the limb, whilst the nerves of motion were almost completely paralyzed. Her bowels had been moved during the day, by castor oil; had passed urine regularly. On examination, found the external parts relaxed, the vagina moist and dilatable, and the pelvis capacious. The mouth of the womb was tilted back toward the sacrum, as in ante-version, from which place no change in the woman's position would remove it. The cervix was thickened, indurated and firmly resistant, giving the sensation of an old cicatrix on its sacral wall. The dilatation would not admit the extremity of the finger The expul-

sive efforts, although apparently powerful, were almost entirely abdominal, the uterus scarcely participating. Here was a solution of the difficulty—an unyielding cervix, with an indolent body and fundus. The womb acted under the spontaneous and independent contraction of its muscular fibres, but the important movement communicated by reflex action from the medulla spinalis, was wholly wanting. And why? As a rule, women advanced in pregnancy, receiving a severe injury in the pelvic region, suffer abortion. Mrs. B. did not abort, and probably because the cerebro-spinal nerves furnished by the sacral plexus, and distributed upon the uterus, were paralyzed by the injury. Doubtless, this paralysis still continues, and therefore the expulsive power of the womb is inadequate to overcome the resistance of the cervix.

Ergot is not admissible, for, should it induce action in the uterus, the cervix would evidently be lacerated, or the womb ruptured.

Bleeding, as Dr. Dewees recommends, to render an obdurate cicatrix dilatable, is not permissible, from the feeble condition of the patient. Forceful artificial dilatation and turning, would be of doubtful propriety, as with an inactive uterus, there would be no means of controlling post-partum hemorrhage.

Dry cups were applied over the sacrum, to stimulate the womb. The cervix was smeared with belladonna ointment, and a colpeurynter introduced into the vagina, was gradually expanded. In ten hours, the cervix yielded sufficiently to allow the head to pass; and, as the foetus was small, the pelvis roomy, and the soft parts very yielding, the birth was terminated in a few moments, without the aid of instruments. The placenta being partially adherent, and hemorrhage coming on, it was immediately removed. The hand was then introduced within the uterus, and pressure made upon the bleeding surface; ice-cold water was injected into the rectum, and poured over the abdomen. By this means, the hemorrhage was held in check, and firm contraction finally obtained. The child was apparently in no way injured by the long-sustained pressure of the abdominal muscles. Mother and child are now doing well, April 18th.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Neill.

APRIL 6.

Recent Specimen of Fracture of the Bones of the Leg.—The patient from whom this specimen was taken, was brought to the hospital in a state of intoxication, with a fracture of both bones of the leg: the limb was very much swollen. It was impossible to reduce the fracture. The man died of mania-a-potu. Upon examining the limb the cause of the difficulty in attempting to reduce the fracture is evident. There is a comminuted fracture, and a fragment of the upper end of the tibia has been forced between the broken ends of the fibula, thus giving rise to a complete interlocking of fragments.

The appearances of the ends of the bone after recent fracture, the changes in the blood effused, and the deposit of lymph were pointed out.

Pathological Specimen.—Clot of blood pressing upon the brain. The size was about that of an orange. The patient was brought to the hospital in consequence, as his attendants asserted, of falling down in the street in a fit. At the time of admission he was laboring under marked symptoms of compression of the brain. He had the slow full pulse and stertorous breathing of apoplexy. The cause of these symptoms is exhibited in the specimen. There has been a fracture of the skull over the middle meningeal artery, which vessel was ruptured, giving rise to a large clot of blood, external to the dura mater, which by its pressure upon the cerebrum was the immediate cause of death.

The next patient introduced was one who had attempted to cut his throat in a drunken fit. The wound was near the median line, and involved only the skin and fascia. No large veins or arteries were divided. The edges had been brought together by sutures, and the wound seemed to be uniting by the first intention; but wounds of the neck, even when superficial and made by sharp instruments, often suppurate, and when they are deep it is not worth while to use sutures—they rather increase the supuration and discharge.

Hydrocele of the Cord, co-existent with Hydrocele of the Tunica Vaginalis Testis.—This patient had hydrocele of the cord, which Dr. Peace operated upon some weeks since, and he was now exhibited as cured; but the tunica vaginalis, which had also been emptied once before, and which had refilled, was now tapped and injected with tincture of iodine diluted with three parts of alcohol.

Fistula in Ano.—The last patient exhibited at this clinic was one who had suffered with *fistula in ano* for some time. Upon examining the anus, the verge was surrounded by the remains of hæmorrhoids. About half an inch from the anus there was a fungous elevation, and upon pressing the end of the probe against it, it yielded and discharged a few drops of pus.

In examining a patient for fistula in ano, the probe should be carefully insinuated in the sinus before introducing the finger into the rectum.

After the finger was introduced, the fistula was pronounced *complete*, because the probe went completely into the rectum and touched the finger.

Dr. Neill then removed the probe, and introduced a director through the fistula and brought out the extremity of it through the anus. The intervening structure between the fistula and the anus is thus laid upon the director. It is the easiest and best mode of operating. One stroke of the bistoury with its back downwards along the groove of the director, instantly divided the parts, and the director fell upon the floor. The wound was to be dressed with oiled lint, until suppuration is established.

Service of Dr. Neill.

APRIL 9.

Fracture of the Humerus.—Dr. Neill opened the clinic by introducing several cases of fracture of the humerus in very different conditions, and demanding very different treatment.

The *first* of these patients was brought in on a bed—a hearty laboring man—who was injured by the wheel of a loaded cart passing over his arm. There was great swelling and discoloration of the skin, showing that the injury to the soft parts had been considerable. The bone was broken in two places, constituting a comminuted fracture. The arm and fore-arm were supported upon a pillow covered with an oil cloth, and the arm was surrounded by a towel soaked in lead water and laudanum.

In recent fractures, where there is much contusion, it is more important at first to take care of the injury done to the soft parts than to adjust the fragments.

No splints nor bandages should be applied until the swelling, heat and tension in some measure subside; therefore, the patient should be placed in bed in order that the parts may be kept at rest until the retentive means can be applied.

The first night after a fracture the patient generally requires an anodyne, and the next morning he should be asked if he has passed his water.

The *second* was another case of similar injury. In this instance the cart was not loaded, and the contusion not so great; there was no comminution. He was placed in bed, and his arm dressed as the last.

The *third* case was a man whose humerus had been fractured several weeks since, and at the same time he had fracture of the radius and ulna of the same side.

The treatment adopted here was commended as best adapted to fracture of the humerus. It consisted of an internal angular splint, reaching from the axilla to the palm of the hand, and a hollow binder's board splint reaching from the shoulder to the elbow, and encircling and supporting the anterior, external and posterior parts of the arm. A roller is to be applied first from the fingers to the shoulder, but not in this case, as there is a fracture of the forearm.

This apparatus was compared with Desault's, which consists of four small splints, and which does not restrain the motion at the elbow, often a source of displacement and deformity.

The *fourth* and last case of fracture of the humerus was in a female, in whom the surgical neck was fractured. The same apparatus was used in this case, modified in some respects. The hollow paste-board splint is moulded in the form of a cap at the upper end, covering the rotundity of the deltoid, and the axilla often requires to be filled by cotton or by a pad. In this instance there is but little deformity, and the patient is nearly well enough to be discharged. She has been under treatment five weeks.

Pityriasis Versicolor.—To study diseases of the skin, we should proceed upon an anatomical basis. Upon examining this patient we notice upon his body circumscribed patches of a mottled appearance, some red and others decidedly brown. There are neither vesicles nor pustules present. Upon closer examination, we find that this is a scaly disease, attended with itching, discoloration and some elevation of the diseased patches. This is *pityriasis versicolor*—by some termed *cloasma*, liver spots, or *epheles*—and which is often included in the class of *maculæ* or spots. These different terms are applied not to different diseases, but to the same disease modified, as it often is, by climate, temperature and temperament.

Treatment.—An application that is almost magical in its effects is the sulphuret of potassium, of which a wash may be made in the proportion of $\mathfrak{z}\text{i}$. to $\mathfrak{f}\mathfrak{z}\text{viii}$. of water.

Bubo—*Case 1st.*—This patient has an enlargement in the groin, which you may readily perceive is a bubo.

The term bubo is almost invariably associated in your minds with venereal disease; but the first remark that we make upon this subject is, that there are two kinds of bubo, the *venereal* and *non-venereal*. It is very important to be able to distinguish the one from the other, and to do this we must be conversant with the physical, rational and historical symptoms.

In the *symptomatic or traumatic bubo* the groin is often swollen from one end to the other; there is a conglomerate enlargement of the inguinal glands. This patient who is laboring under a non-venereal bubo presents these characteristics. Along the course of the groin several of the smaller glands have enlarged.

There are three distinct kinds of the venereal bubo: 1st, the *gonorrhæal*, 2d, the *soft chancre*, and 3d, the *hard chancre bubo*.

The first variety has the characteristics of the traumatic bubo. The second is always consequent upon a non-indurated, and the third upon an indurated chancre. In the second variety one gland at a time is usually involved, and rapidly proceeds on to suppuration. In the last variety numerous glands are involved, which may or may not gradually progress to suppuration, which, when it occurs, is very apt to involve the deep seated glands.

In the present case we open the gland and poultice.

Case 2d.—We have here the remains of a bubo—an ulcerated surface. He had a chancre about three years ago, and since that time no secondary symptoms. From the history of the case and the general appearance of the ulcer, we infer that we have here a chronic ulceration that has not a positive connection with the chancre that he once had.

Case 3d.—Another bubo, on the left side; great discoloration of the skin, and numerous orifices. Four weeks ago the patient had gonorrhœa; has never had a chancre. This is, therefore, a gonorrhœal bubo.

Amputation.—The last joint of the great toe was amputated in consequence of necrosis of the phalanx. The history of this case is interesting. The patient had for several years, upon the under surface of the toe, a wart, as he terms it. On account of the inconvenience arising therefrom, it was frequently treated by caustics, &c. The toe has become much swollen and very tender. In this callosity or wart there is an opening, and upon introducing the probe necrosed bone is at once detected.

After the removal of the phalanx the interior of the joint was found filled with a soft, pulpy, semi-opaque material, similar to the synovial degeneration of larger joints.

Service of Dr. Gerhard.

APRIL 16.

Gangrene of the Lungs.—(See Vol. II., p. 55.) The prognosis in this case was favorable, inasmuch as the patient's strength was good, and the gan-

grene circumscribed. He is now convalescing. This is inferred from the physiognomy: his color is better, the respiration is less difficult, the skin is warm and at times moist, the pulse, though still feeble, is more developed than it was a few days ago. At the upper portion of the lower lobe of the left lung, the seat of the gangrene, the respiratory murmur is more distinct. The expectoration is less offensive.

The treatment before mentioned has been steadily pursued; an intercurrent diarrhoea was promptly met by the administration of tannic acid.

In this case there was great loss of strength and diminution of the forces in the economy, and stimulants were in consequence freely resorted to. Of stimulants the best is alcohol in its various forms, and next the carbonate of ammonia; the latter, however, is apt to derange the stomach. If the carbonate of ammonia is selected it should be given, not three times a day, but every two hours; for the effects of the ammoniacal preparation is very transient, and it is necessary to repeat the dose frequently in order to maintain a constant impression.

Endocarditis.—(See Vol. II., p. 81.)

Auscultation—Intense bellows sound coincident with the systole of the heart, and a double sound over the semilunar valves. A little above the middle of the heart a slight friction sound, indicating pericarditis.

Percussion—Increased dullness, caused by effusion into the cavity of the pericardium.

Palpation—A rolling movement of the heart is perceived, which, as before explained, is occasioned by the heart being surrounded by the liquid effusion.

Treatment.—Pulv. ipecac. et opii, gr. v. twice during the day, and gr. x. at night; tr. digitalis, gtt. v. every two hours.

In acute inflammations of the heart, Dr. G. now prescribes the *tinctura veratri viridis*, in chronic the tr. digitalis.

Post Mortem.—The patient from whom the specimen was taken entered the house in a dying condition.

The physical exploration at the time of admission revealed bronchial respiration throughout the left lung, and crepitant rhonchus in both lungs. The diagnosis was evident—pneumonia of the left lung, with congestion of the right lung.

Liver—Congested and has undergone fatty degeneration. As has been frequently remarked, this condition of the liver is very apt to occur in the progress of two diseases, phthisis and the disease drunkenness. It is very remarkable that alcohol, which often exerts such a beneficial influence in consumption, should produce the same lesion of the

liver that is so frequently met with in the tuberculous disease.

Spleen—The peritoneal covering is thickened in consequence of an attack of peritonitis. The organ is enlarged, being about twice the natural size; it is also hard and resisting, the consequence of an old intermittent fever.

Lungs—The right is engorged with blood, and no doubt if the patient had not so soon succumbed to the disease, would have passed into inflammation. The left lung is resisting, and is covered by false membrane, the remains of a pleurisy. On cutting into the lung, it was found that it had passed into the third stage of pneumonia, the whole tissue being infiltrated with pus.

Heart—Hypertrophied; more in degree, however, than extent, the wall of the left ventricle being at least three-fourths of an inch in thickness. There is also roughness and thickening of the mitral valve, together with thickening of the semilunar.

Had this man been brought into the hospital at an earlier stage of the disease, there is not the slightest doubt but that he could have been saved.

Service of Dr. Neill.

APRIL 13.

Pathological Specimen; Cancer of the Breast.—

The patient from whom this tumor was removed, presented upon the right breast a hard, circumscribed swelling, one portion of which, however, was inflamed and bulging, as if it were an abscess. The glands of the axilla were not involved, and every thing was favorable to, and indicative of the removal of the growth.

Two elliptical incisions were made through the skin and fascia, and the tumor, with the superjacent tissue loosened from its attachments, not so much by the cutting edge of the knife as by the handle of the scalpel.

Upon cutting into the tumor the cancerous structure was very marked; there was, of course, no cavity; the projection or protrusion before mentioned being but the development of the diseased mass. The entire cancer was very circumscribed, and presented a bold, sweeping outline, as if confined to a lobule of the gland.

Dr. N. remarked, in regard to the advisability of operating in these cases, that though he did not believe that cancer was ever cured by the knife, yet the patient is often relieved; the agonizing, lancinating pain, the exhausting discharge and horrible fetor of open cancer are removed, and in consequence life prolonged.

Metallic Sutures.—The young woman who submitted to an amputation of the finger about nine days ago, in consequence of necrosis of the phalangeal

bones, consequent upon a whitlow or periosteal inflammation, has done remarkably well.

The flaps of the wound in this case were united by means of the lead wire. The result in this case has been very favorable indeed. Although such a short time has elapsed since the time of the operation, the cut surfaces have entirely united.

Dr. N. remarked that he intends to give a fair trial to the metallic suture—making use, however, of the silver wire instead of the lead wire.

The wire has all the flexibility of the silk, and is used in the same manner as the ordinary thread, with the single exception that the ends are not tied, but twisted together.

Fracture of Rib and Pneumonia.—(See Vol. II., p. 81.) This case was brought before you on a bed one week ago, with flushed face, difficult breathing, rusty sputa, &c. To-day you see him walk into the amphitheatre, with a different expression and appearance.

His cough and expectoration have nearly ceased, but the pneumonic dulness still continues at the lower part and near the seat of fracture. He can now take a longer breath with less pain.

Treatment.—Did not consist in bleeding, cupping, mercurializing, purging, etc., but simply in the administration of opium to quiet the nervous excitement. He has been cured, not my medication, but by the efforts of nature alone.

Wound of the Throat.—Sometime ago we saw at the hospital a man who had attempted to commit suicide by cutting his throat. He succeeded in cutting the skin and fascia, merely.

At the time the patient came under our notice, Dr. N. remarked, that though this wound was apparently slight, that the man was nevertheless in danger even of his life; he was an intemperate man, and it was possible that delirium tremens was impending. This complication did occur, and the restlessness of the patient was so great that it was deemed necessary to remove the sutures that had been made use of to close the wound. An abscess subsequently formed, and in consequence the patient was in a very precarious condition. He is now convalescing.

Fractures of the Fibula.—The position of the fibula and its muscular connections are such that there may be fracture of the upper portion of the fibula without any serious result, but this is not the most frequent seat of the fractures of this bone.

Fractures of the lower end, which are of most frequent occurrence, are generally stated to result in eversion of the foot. In some of the text-books it is taught that this eversion almost uniformly occurs, and that to overcome it a special apparatus is required.

The following cases were brought into the amphitheatre, in order to show what really does and what does not occur. In the first case it was shown that there was no special deformity, and in consequence the apparatus of Dupuytren was not used. This consists of a side splint, well padded, applied to the side opposite the fracture, and then the foot forcibly inverted by means of adhesive strips or bandages.

This patient was placed in the ordinary fracture box made use of in fractures of the tibia.

The *Fracture Box*—to a passing glance appears to be nothing more than a long box, in which the limb is placed to keep it quiet—but if it be studied a little, and its parts separately considered, it will appear in another light. The fracture box consists essentially of two splints, a foot board and of compresses; the essential part of the box is its sides, which are *lateral splints*. The foot board is not the mere bottom of the box, but it is placed there to keep the foot at right angles to the limb, thus preventing eversion or inversion—hence the sole of the foot must be brought down to the board, and not the toes merely, whilst the heel is some two or three inches above. The pillow which is placed in the box fills up the inequalities, acts as a support, and on each side of the limb as lateral compresses—maintaining the parts in apposition and the limb in a comfortable position.

Within the last few days four cases of fracture of the fibula have been admitted into the hospital.

The first that was shown had a punctured wound made by a nail, directly over the seat of the fracture—it is impossible to say whether the fracture is compound or not.

The wound has been carefully closed, and the limb kept wet with lead water and laudanum.

Two other cases of fracture of the fibula were exhibited to confirm the preceding views. One was a drinking man, and has required whiskey and laudanum. The treatment was in other respects the same.

Dr. N. whilst intimating that fracture of the fibula is seldom accompanied by the peculiar deformity above alluded to, by no means would imply that the eversion never occurs.

Large Phagedenic Bubo.—A few days since Dr. N. exhibited several kinds of bubo. This is another form. Horrible ravages have followed its suppuration and opening. Ulceration has extended to within five inches of the knee, covering the whole anterior surface of the thigh, and extending from the anterior superior spinous process of the ileum almost to the anus. The primary sore was contracted 18 months ago, was healed long since, and he came here two or three months since. The bubo came, too, after the chancre. He has had no secondary

or tertiary symptoms as yet. Before coming into the Hospital he was twice salivated.

Why has this bubo spread, and produced such extensive chancreous ulceration? We believe it to be the result of mercury—often administered recklessly and injuriously in syphilis. Many patients do not require mercury: the weak and scrofulous are always worsted by it. I must caution you against its indiscriminate use. This patient requires iron and quinine and good diet.

In cases like this these are the best anti-syphilitic remedies. The local applications are nitrate of silver and weak solutions of the chloride of zinc.

Stricture.—This was the first case of stricture Dr. N. had presented. They might be spasmodic, gonorrheal or traumatic. This case was the result of an injury attended with spasmodic contractions. He has had great difficulty in urinating; for many weeks no instrument could be passed. Yesterday he himself passed an elastic catheter.

Traumatic strictures are the most resistant and difficult to cure. The effusion is more dense and irregular. This man was in this house before, and was supposed to be relieved. The contraction will recur if neglected. Dr. N. here showed different kinds of bougies, the mode of using them, and the dangers arising.

Flexible conical bougies are useful at first, but metallic ones are better for promoting subsequent dilatation and absorption.

Editorial.

HOSPITAL FOR WOMEN.

MESSRS. EDITORS:—We observe in the REPORTER of the 2d inst. an article calling the attention of the readers of your Journal to the existing necessity for a "Hospital for Women" in this city, and we deem it but due to the public and to the managers of the Charity Hospital of Philadelphia, to state that an institution where special provision is made for women is already established.

The Charity Hospital is in Buttonwood, below Broad street; is in the second year of its existence, and so organized as to admirably supply the want referred to in your Journal. The departments of the institution are divided into specialties, including among them all the diseases to which females are liable, having wards separately appropriated to this class of patients, and placed under the charge of ex-

perienced physicians who devote their attention to the treatment of these cases *exclusively*. This department of the institution is therefore clearly a "Hospital for Women."

Hundreds of females are already resorting thither for advice and medicines, (there being a dispensary attached); several are now in the institution, and many more apply for admission, but for want of funds and room for their accommodation have to be turned away.

F. C. H.

April 21, 1859.

The above communication comes to us anonymously, but the subject of which it treats, is of sufficient interest to save it from the waste paper basket. We could wish that the writer had presented the claims of the Charity Hospital, in even a stronger light than he has done. It is a very worthy enterprise, and we shall always take pleasure in embracing every opportunity to advocate its claims, as well as those of all our eleemosynary institutions to a liberal and hearty support. We shall do this, not only on account of the benefit that will result to the poor, but on account of the advantage it will be to Philadelphia, to present to students as many facilities as possible for the pursuit of practical instruction at the bedside of the sick.

Nor are these the only arguments in favor of such institutions, for they afford the intelligent and worthy physicians who give to them their time and labor, opportunities for perfecting themselves in the study of diseases for the cure of which Philadelphia is a place of resort from all parts of the country by persons who are able and willing to pay liberal fees.

But, there is a great difference between a Woman's Hospital, such as was advocated in our issue of the 2d inst., and the Charity, or any other hospital in our city. That is intended for the *exclusive* accommodation of women, and for the treatment of diseases peculiar to that sex, while the others include within the scope of their operations both sexes. As we remarked before, many women suffer from diseases and accidents peculiar to their sex, who cannot be properly treated at home, for want of the necessary appliances and accommodations, and who from motives of deli-

cacy will not enter the wards of a general hospital for treatment.

There is certainly *room* in this city of 600,000 inhabitants for an institution of the kind proposed, without encroaching in the least on the domain of kindred institutions, having a wider range. And there is certainly sympathy enough for the afflicted in this great city to secure material aid for the benevolent enterprises already in existence, as well as for the one proposed. Let all these institutions present their claims for support, and our word for it, there is benevolence enough in this city to support them all.

The closing paragraph of the communication at the head of this article is a very strong argument in favor of the establishment of a Woman's Hospital, as well as a strong appeal to the public for a liberal support for the particular institution to which it has reference. It is, alas! too true that many women who do apply for admission, are turned from the doors of our public institutions because there are no accommodations for them.

We advocate the establishment of a Woman's Hospital, not simply to afford charitable aid to suffering woman, but as a place of resort for others, for those who would be able and willing to pay a reasonable price for their accommodations, and who, in such an institution would find all the necessary appliances for the treatment of accidents which have made many a woman loathsome to herself and a burden to society—accidents which until within a very few years were regarded as wholly beyond the reach of the art of surgery, but which the light of modern science has demonstrated to be entirely susceptible to treatment, restoring many an unfortunate woman to society, to her family, and to herself. Let it be understood that it is to accidents and diseases that are *peculiar* to woman that a Woman's Hospital is particularly adapted, and for the treatment of which we advocate its establishment.

At the London Hospital for women, more than one thousand women have been relieved of diseases peculiar to the sex during the past year.

THE COLLEGE OF PHYSICIANS.

We understand that the College of Physicians of this city has purchased a lot on the north-east corner of Thirteenth and Locust streets, on which to erect their Hall.

We believe that the College has already a considerable fund for this purpose. How much more is needed, and how it is expected to be obtained, we are not informed, but we would suggest *the joint stock principle* as the best method of obtaining the necessary funds, and at the same time of interesting the large body of the medical men of this city in the enterprise. If the means are provided by a few wealthy members of the profession, and the many have no *pecuniary* interest in the enterprise, we fear that there will be great danger of the College dwindling down to the dimensions of a Mutual Admiration Society, thus curtailing its influence and narrowing its field of usefulness.

The donation and bequest made in January last by the late Dr. Mütter, will be realized by the College so soon as it shall have erected a fire-proof building, five years being allowed the College, within which time the building must be erected. This secured, and there will be, with the materials which the College already possesses, an excellent foundation for a library and pathological museum.

QUACKERY.

The following remarks on quackery in Great Britain, we clip from the London correspondence of the *Banner and Advocate*, an excellent religious newspaper, published in Pittsburg, which, however, devotes nearly one-third of its space to advertisements, *about a fourth of these being quack advertisements!* If the principle in law, that "the partaker is as bad as the thief," is a correct one, how can the *Banner and Advocate* and other papers, both religious and secular, escape the imputation of grossly deceiving the public? As badly as quack advertisements appear in secular newspapers, they appear infinitely worse in papers professedly devoted to the cause of religion. The following contains a severe rebuke

to the paper in which it appears, if its conductors would only see it!

“Quacks, as a class, flourish wondrously in this country, as I presume they also do in the United States. They manage to do their business best by advertisements in provincial papers, and thus many victims are secured. The case of ‘one huge vagabond’ of this class, who wore the varied aliases of Drs. Bennett, Waters, Colston, Singleton, Skinner, and Brand, has recently been before a court of justice. He professed to cure all ‘the ills that flesh is heir to,’ by wonderful discoveries in Japan, India and other distant climates, in which he had been a patient, having been there ‘providentially’ cured, before he felt it a duty to become a physician, and to give society the benefit of his discoveries. Poor invalid ladies have thus been plundered, with many others. If the patient felt tired of expending his money in fees to Dr. Waters, (No. 1), he was sure to hear of the yet more wonderful cures performed by Dr. Bennett, (No. 2); and if some £20 additional laid out on Dr. Bennett failed to make the deaf hear and the blind see, by some lucky chance he was introduced to Dr. Colston, (No. 3), ‘till,’ as the *Press* says, ‘the unhappy victim, getting worse in body and poorer in purse, had exhausted the medical resources of these distinguished rascals, and the last hope he had been encouraged to cherish.’

I have myself saved parties, writing to me from the country to make inquiries, from falling into the cruel hands of unscrupulous ‘Aurists,’ so called. Quackery is indeed a great crime, or, as has been said, ‘an aggregate of crimes—the signal punishment of which is alike justice to the quack, protection to society, and a warning to those patrons of empiricism, who innocently but zealously sound their trumpets, and gather victims for their insatiable maws.’”

 We have received from Mr. John C. Michels a copy of the *United States Druggists' Directory* for 1859–60. It is a work of 380 pages, and contains the names and places of business of 30,000 wholesale and retail dealers in drugs, paints, oils, medicines, etc., throughout the world. A vast amount of labor has been expended upon it, and it contains a great deal of information that will be useful to the physician and the druggist. We take pleasure in commending it to the notice of our readers.

Correspondence.

—, April 20, 1859.

MEERSHAUM CIGAR HOLDERS.

Some eight months since I followed the fashion and provided myself with a *Meershaum* to enhance the enjoyment of my evening cigar. After the holder had become saturated with the oil of the tobacco, I noticed that the side of my tongue, against which the holder was in contact, was continually more or less irritated and sore. This continued for some time, without suspecting that it might be caused by the holder. I ceased using it, and the tenderness of my tongue ceased also; a return to the holder produced a recurrence of the tenderness. A short time since a gentleman came into my office and showed me his tongue denuded of the skin over a space as large as a ten cent piece. He said that the night before he had lighted his cigar attached to the holder, and smoked it slowly, and almost without removing it from his mouth. Upon eating an apple afterwards he felt something rough on his tongue, upon taking hold of which he found that he had removed the cutis. When I saw it, it was much inflamed and painful. I have made inquiry of the smokers who use the holders, and find that many are troubled with sore tongues, though not suspecting the cause.

I am disposed to think that the habitual use of the holder will keep up a more or less continual irritation of the tongue, which in some constitutional conditions would lead to serious consequences. The holder adapts itself to the conformation of the mouth, and is almost uniformly held in the same position. If cancerum oris may arise from the irritation of smoking, and cancer of the tongue from the irritation of decayed teeth and other local irritants, have we not good reason to apprehend that the continued application of an irritant so powerful as the oil of tobacco to so sensitive an organ may develop serious disease, especially in constitutions of a cancerous or otherwise depraved diathesis?

The use of the *Meershaum* is too recent to warrant our laying much evil to its charge, but from what I have observed, I fear that a little more time will show us that it will be safer for those who *must* smoke to return to the old fashioned *stump*.

W.

Medical News.

The *District Medical Society for the County of Cumberland, New Jersey*, held its annual meeting at Bridgeton, April 19, 1859.

After the usual preliminary business, the delegates to the last meeting of the Medical Society of New Jersey reported a synopsis of their proceedings.

The members of the Society were invited to mention any cases of interest which had occurred in their practice. The only epidemics prevalent in the county during the past winter have been whooping cough and catarrhal affections. Some cases of whooping cough were mentioned as having occurred in adults who had once had the disease—one in a lady aged 85 years, who was sure she had had it at 16. Individual cases were detailed, also, of mumps, rheumatism, testitis, colic from internal strangulation, and some others were specified, seeming to indicate a connection between erysipelas and puerperal peritonitis.

The officers elected for the ensuing year were, for *President*, J. B. Potter; *Vice-President*, B. W. Parker; *Secretary*, W. Elmer; *Treasurer*, E. E. Bateman; *Censors*, W. Elmer, of Cohansey; Geo. Tomlinson, of Stoe-creek; N. R. Newkirk, of Greenwich; E. E. Bateman, of Fairfield.

The delegates selected to attend the meeting of the American Medical Association, at Louisville, were Drs. E. Fithian and N. R. Newkirk, with power to fill vacancies.

Dr. Elmer was appointed Reporter for the year.

The Society adjourned to meet in October next. W. ELMER, *Secretary*.

Death from Malignant Inoculation.—The *European Times* says, a physician residing at Blendecques (Pas-de-Calais) recently lost his life by inoculation from a case of quinsy. He had performed the operation of tracheotomy to rescue a patient, and the tube placed in the wound having become clogged with mucus, he applied his mouth to it and cleared it on the emergency by suction. He soon became afflicted with the disease and died.

The *Medical Times* says: "Scanzoni, of Wurzburg, attended the Empress of Russia in her last confinement, and received for his services £5,000!"

The "*Vestiges of the Natural History of the Creation*" still floats upon the sea of literature with no acknowledged paternity. Since Robert Chambers and others have positively denied being its author, the *London Critic* ascribes it positively to the late Dr. George Combe.

Delegations from the Philadelphia County Medical Society:

To the American Medical Association, which meets in Louisville, Ky., on Tuesday next—Drs. W. B. Atkinson, J. Bell, D. D. Clark, D. F. Condie, G. Emerson, L. P. Gebhard, N. L. Hatfield, W. Jewell, W. N. Johnson, A. L. Kennedy, J. F. Lamb, R. J. Levis, S. Littell, W. Mayburry, A. S. McMurray, A. Nebinger, G. W. Russell, R. Q. Shelmerdine, C. Wister, T. H. Yardley.

To the Quarantine and Sanitary Convention, which met in New York on Wednesday last—Drs. J. F. Lamb, B. H. Coates, W. Mayburry, J. H. Smaltz, H. St. C. Ash.

The New Medical College in Chicago, in connection with Lind University, has been organized. The curriculum embraces two courses of lectures, a junior and a senior course, as described in a letter from Chicago, in the REPORTER of the 2d inst.

The following is the Faculty: Dr. N. S. Davis, Practice of Medicine; Dr. Johnson, Physiology; Dr. E. Andrews, Surgery; Dr. Isham, Surgical Anatomy; Drs. Rutter and W. H. Byford, Obstetrics; Dr. Mahla, Chemistry; Dr. J. H. Hollister, Descriptive Anatomy. The Chairs of Pathology, Materia Medica and Practical Anatomy are not yet filled.

MARRIAGES.

NEFF—BADGER.—On the 19th inst., by the Rev. William J. R. Taylor, Dr. Neff, to Louisa, daughter of William Badger, Esq., all of this city.

DEATHS.

GIGER.—In this city, on the 20th inst., Frederick S. Giger, M. D., in the 39th year of his age.

MUMFORD.—In Snow Hill, Md., on the 20th inst., of phthisis pulmonalis, David E. Mumford, M. D., of Rehoboth, Somerset Co., Md., aged about 28 years.

PHYSICK.—In this city, on the 24th inst., Emlen Physick, son of the late Dr. Philip Syng Physick, in the 47th year of his age.

UHLER.—In this city, on the 21st inst., George Uhler, M. D., in the 67th year of his age.

NATHAN STARKEY,

MANUFACTURER OF

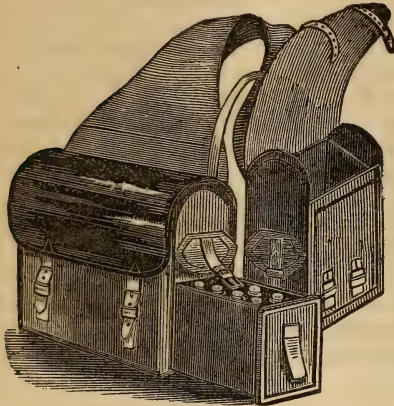
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11, " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 41 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 86 " " 4 " "	19 00
No. 3, " 48 " " 4 " "	17 50
No. 4, " 37 " " 4 " "	13 50
No. 5, " 32 " " 4 " "	12 50
No. 6, " 27 " " 4 " "	10 50
No. 7, " 20 " " " "	8 50
No. 8, " 15 " " " "	6 50
No. 9, " 14 " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mountings, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses and within one square of a Passenger Railway,).

PHILADELPHIA.

This institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M. D.

Consulting Physician,—PROF. SAMUEL JACKSON, M. D.

Application for admission may be made to the Attending Physician daily, (Sundays excepted,) from 11 to 12 o'clock. Applications in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, Sec'y,

No. 107, t. f.

Box 1738, Philadelphia P. O.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,
32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Lewis, M. D., " "
Isaac Hays, M. D., " "
P. B. Goddard, M. D., " "

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 133.

PHILADELPHIA, MAY 7, 1859.

{ NEW SERIES,
{ VOL. II. NO. 6.

Original Communications.

REGIONAL ANATOMY

IN ITS

RELATIONS TO MEDICINE

AND

SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 3.

Cranial Region continued.—When the skin is dissected off from the subjacent parts, a work requiring the utmost care, a tolerably uniform layer of adipose tissue is exposed, and passing down through it great numbers of fibrous bands which have been cut loose from the skin. These bands are connected beneath to the occipito-frontalis muscle in front and behind, and its tendon or aponeurosis intermediately; this is the *superficial fascia* of the scalp. Over the temporal regions the fat exists in comparatively small amount. This fascia continues down laterally, slightly attached over the zygomatic arch, and becomes continuous with the fascia of the face, and in front with that of the eyebrows and eyelids. The fibrous bands tie the skin to the musculo-aponeurotic layer quite firmly, so as to admit of very limited movement between the two.

Practical Deductions.—In the arrangement of the anatomical parts thus explained, the following lessons may be enforced and phenomena explained. The continuity of the fascial layer with that of the face explains the extension from one region to the other of effusions which are of a very liquid character. If

there be any considerable loss of substance, it is in vain to attempt the contact of the edges of the scalp in consequence of its unyielding nature. Wounds, therefore, cannot be expected to unite, either by immediate or intermediate union. Contusions very commonly present a depression in the centre, and an abrupt hard marginal line—the former produced by the force condensing or driving the fat cells or their contents into the adjoining fibrous inter-spaces, and the latter from the difficulty with which effused liquids extend into the surrounding spaces, especially in the superior and posterior regions of the scalp. This umbilicated appearance of swelling from blows resembles somewhat a depressed fracture. From this same property of inextensibility its inflammations are apt to assume an erysipelatous character, always to be regarded with no ordinary anxiety; so, also, arises the strong indication for free incisions into its structure in cases where the swelling and tension threaten the formation of abscesses. Where such precautionary measures have been neglected, sloughing, as might be anticipated, takes place with great rapidity. Surgeons generally, for similar regions, advise that there should be no sutures introduced. Any swelling whatever, which is abruptly circumscribed and limited, may be referred to this structure.

Glands—Scattered through this subcutaneous tissue, in addition to the hair glands already described are the *sebaceous* and *sudoriparous* glands. The former are very abundant, most of them emptying into the hair sheath. They are flask-shaped bodies, consisting of a homogenous membrane, over the exterior of which ramify blood vessels, supported by connective tissues, and lined on the inside

by organic cells. Their excretory orifice or duct is narrow.

Those tumors commonly designated wens are enlargements of these glands, and their formation is readily understood when their anatomy is considered. The cells on the interior of the liminary membrane elaborate the materials of their secretion from the blood vessels on the exterior. If, from any cause, the duct or discharging orifice of the sac becomes blocked up, the secretion going on is pent up within, and finally begins to distend the sac. This distension induces an inflammatory exudation from the capillary rete upon the surface, by which the sac becomes thickened, and so, by accumulation within and deposit without, these tumors become, occasionally, of considerable size. For their eradication, therefore, more is necessary than simply to open and evacuate the contents. The sac, now called a cyst, must be removed. These tumors may, probably, be produced by a congenital deficiency of the excretory duct. Something analogous to this is seen when the hair follicle lacks an orifice; the hair continuing to grow, is twisted round and round until it becomes a closely-packed spiral coil imprisoned within the sheath. The sebaceous secretion consists largely of fatty matters. Persons addicted to excessive indulgence at the table, and where the articles used abound in hydro-carbons, and who have an active cutaneous circulation, are frequently annoyed with the greasy condition of their hair. It is due to too great activity of these glands, and yet no doubt is a salutary effort on the part of nature, constituting a safe avenue for the escape of those matters which would have overtaxed the liver and laid the foundation for serious structural changes. Where personal cleanliness is not observed, this secretion, by its adhesive property, collects to itself dust and loosened epithelial cells, until offensive crusts are formed over the scalp. In its oleaginous composition, we have the explanation of the facility with which alkalies, as carbonate of soda or potash, remove these accumulations, uniting with the oil to form a soap.

Sudoriparous Glands.—The sweat glands,

as in other portions of the body, are spiral tubes, the lower ends of which are coiled up into little balls, thus increasing the secretory surface and admitting of their being packed into a small space. In most persons they are active, sometimes uncommonly so, keeping the head wet with perspiration. Especially is this the case in the heat of summer, when exposed to the sun's rays, and also during sleep, and no doubt is nature's method of guarding the brain and vessels against undue pressure, and diminishing by evaporation its temperature. The sour odor which occasionally emanates from the head of the sick is to be attributed to the acetic acid which this secretion contains, and the ammoniacal to the elimination of ammonia which exists normally in it as a muriate. Persons in the habit of wetting the hair much with water, particularly if the sebaceous glands be torpid, are apt to have an unpleasant smell about the head, that agent acting as a solvent for some of the saline constituents of the perspiration, and extensively diffusing it through the hair.

Arteries.—These reach the scalp; and ramify in its fascia from four different directions. Laterally the *temporals* pass over the zygoma close in contact with the cartilage of the ear, and on the temporal regions divide into *anterior* and *posterior* branches. In front ascend the *frontals* and *supra-orbitals*, branches of the ophthalmics, the former emerging from the inner angles of the orbits, the latter at the supra-orbital notches of the frontal bones, behind the *occipitals* and *posterior auriculars*, from the external carotids. All these multiply their branches and inosculate on the superior region, and as they all proceed from the external and internal carotids, these vessels, which part company in the neck, become again united through their terminal branches in the scalp.

Veins.—Commencing on the superior region are numerous branches, which, by joining others, form the *frontal veins*; these descend parallel with the middle line of the forehead, and passing on either side of the nose, across which they communicate, receive the *supra-orbitals*, which arise above the eyebrows; the two constitute the *angular veins*, the latter

being the commencement of the *facial* veins. On the lateral aspects of the head the blood is collected into two considerable trunks, which joining just above the zygoma form the *temporal veins*. On the posterior part of the head are the *posterior, auricular* and *occipital* veins; the former empty into the temporo-maxillary, and the latter into the internal jugulars. These vessels correspond in their courses to the arteries of the same names. All these may be considered as superficial blood vessels.

Practical Observations.—In consequence of the abundant supply of vessels, wounds in this region bleed for a time very freely, but on the superior region rarely require the use of a ligature. When it becomes necessary to make such an application, it will be found not unattended with difficulty in consequence of the density of the structure and the retraction of the vessels. These vessels, especially the veins are sometimes ruptured by the pressure to which the foetal head is occasionally subjected against the pelvic bones in difficult labor, or by force exerted in the employment of the forceps. There is another blood tumor to be noticed in the scalp of the child, but altogether differently situated. The one of which we are now speaking will, from its accurate limitation and unaltered form under pressure, be known to exist in the subcutaneous fascia, and generally disappears by absorption. In this same tissue are situated, and from these same vessels are fed, those blood tumors which sometimes follow a blow upon the head of the adult. The blood percolates the fibrous spaces for a short distance around, giving it the appearance of a sponge, so that it is seen, when opened, to exude from every point. These tumors are not generally depressed in the centre, as are the bumps which arise after a slight contusion, because the blood which flows from the injured vessel or vessels, fills up the fibrous interstices, and often here continues fluid, so as to be liable to be mistaken for abscess.

These tumors are prone to re-accumulate after being opened, from the rigid nature of the tissue in which the vessels are placed, maintaining their walls patulous. The pro-

priety in such cases of completely removing the placenta like coagula which fills the fascial cells, so as to expose the vessels at fault, will be apparent. When it is recollected that the frontals and supra-orbitals are derived from the intracranial vessels, it will be readily understood how injury done them in scalp wounds may be productive of cerebral disturbances, as the causes which invite undue activity in their contents, must likewise produce similar determinations in their sources. It is in this fact, "that the condition of the terminal branches determines the degree of activity in the parent trunks," that the application of cold becomes so valuable as a sedative agent in inflammation of the cranial contents. If its influence extended no further than the vessels of the scalp, it would be productive of harm, by driving an additional amount of blood upon the encephalon.

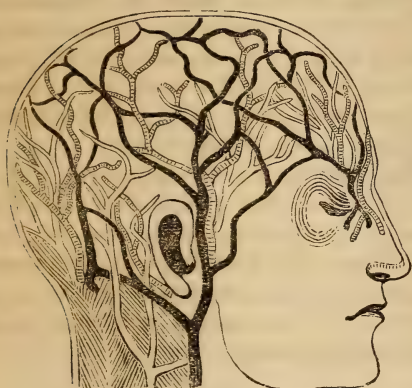
Hypertrophy.—Though not very common, its seat when present is in the superficial fascia. An interesting case of this kind is reported in the *Lancet*, by Robert of Paris, and may also be seen in Eves' Surgical cases. The anatomical constitution of the hypertrophy is lymph and a new formation of fibrous tissue, and in its nature essentially an inflammation of the cellular tissue of the scalp.

Nerves.—They are of two kinds, *sensory* and *motor*, many of their names the same as the blood vessels, and derived from the following sources. The first branches of the 5th pair (*ophthalmic*) furnish the *frontal* and *supra-orbital*, passing out of the orbit into the scalp in company with the arteries of the same name. The second branches of the 5th pair (*superior maxillary*,) furnish the *temporal* nerves, which reach the scalp by piercing the temporal fascia. The third branches of the 5th pair (*inferior maxillary*,) give the *auriculo-temporals* which ascend in front of the ears. These are probably exclusively sensory in their function. The superficial cervical plexus sends the *occipitalis minor* and *auricularis magnus*, and the second cervical the *occipitalis major*. These contain fillaments of both motion and sensation. The motor portion of the 5th pair furnish the *temporal*

branches, which reach the scalp by passing through the temporal aponeurosis. The facial nerves (parts of the 7th pair) distribute likewise *temporal* and *posterior auricular* branches, the latter communicating with filaments from the pneumogastrics.

Figure 11 will exhibit the most prominent branches of the arteries, veins and nerves, which are seen by displacing the fat and fascia in the course of their ramifications.

Fig. 11.



Practical observations.—This abundant supply of nerves confers a high degree of sensibility upon the scalp generally, but it is most exquisite along the median line, as may be satisfactorily determined by testing different portions with the point of a pin. The very numerous filaments which multiply and intermix as they approach the vertex explain this fact. Wounds of the scalp, for the same reason, are painful, and also swellings, both giving rise frequently to marked constitutional disturbance, the injurious impressions being irradiated often to distant parts, and exciting phenomena, which can only be explained by a knowledge of nervous communications. Thus an injury done to the scalp may produce twitchings of the muscles of the face. It is not necessary to look within the cranium for the seat of difficulty, we have but to remember the relation subsisting between the 5th and portio dura of the 7th pair.

Again, there may be following a similar injury a painful condition of the skin and muscles of the neck; the communication of those branches which have been specified from the cervical spinal nerves, explains the condition satisfactorily. Or there may follow spasmodic action of the muscles of mastication, assimilating tetanus quite comprehensible when we recall the motor division of the 5th pair as the nerve supplying these muscles with movement. Or there may be derangement of the organ of vision or its appendages, explained by remembering the filaments which the first branch of the 5th distributes within the orbit before emerging upon the scalp. Or there may be impairment in the sense of smell, which would be referred to some impression acting on the common sensibility of the mucous membrane through the nasal branch of the 5th pair. And so also might we continue to explain the disturbances which are known to occur in the stomach and liver, as a result of injuries to the scalp, through communications with the pneumogastric.

Neuralgia, by no means a stranger to this region, involves these tegumentary branches of the trigeminus, the first painful sensations being experienced most often over the eyebrow, just where the supra-orbital leaves the orbit. A very painful state is mentioned by authors, said to arise from the partial division of a nerve trunk in wounds, and which is relieved by completing its separation.

Lymphatics.—Most of the lymphatics of the scalp reach the face over the zygoma, just in front of the ear, closely related with the nerves and blood vessels situated there. At this point two or three lymphatic glands are seated. Those from the posterior part of the head follow the course of the occipital artery, and a gland or so is placed close to this blood vessel after it emerges from between the muscles on the back of the neck. Over the mastoid part of the temporal bone, associated with the posterior annular artery, a little cluster

also exists. In determining the nature of tumors over these particular points, the existence of these glands should be borne in mind. There are cases of imperfect sensibility of the scalp accompanying their enlargements, which can be explained satisfactorily when their juxtaposition to the main trunks of some of the important sensitive nerves is considered.

Resection of the Radius for the removal of a Deformity resulting from a Comminuted Fracture of the Forearm.

By JOSEPH PANCOAST, M. D.,

Professor of Anatomy in the Jefferson Medical College.

[Reported by W. H. Pancoast, M. D.]

Griffith Williams, a Welshman, aged 35, received a severe injury of the arm while working in the coal mines of Llewellyn, in Schuylkill county, Pennsylvania.

While employed in cleaning some part of a pump, the sleeve of a strong blanket coat which he wore was caught in the machinery. His left arm was carried around and squeezed between a wheel running on a guide and a beam

he says, thought that some pieces of the ulna were thrown off.

During this part of the treatment the arm was placed in a fracture-box, and at the end of seven weeks more, pasteboard splints were again employed. The arm was then doing well. He subsequently came under the care of another physician, who removed all these splints, and trusted only to the application of cold water and friction with cows feet oil.

The arm, the patient states, now became weaker, and as it was unsupported by splints, gradually assumed, under the uncontrolled action of the muscles, a zigzag form, becoming entirely useless. By the advice of Dr. Brant, he came to Philadelphia on the 20th of March last, and presented himself at my father's office, desiring to have the limb amputated.

The arm presented the appearance seen in the cut. There was a loose, false joint at the fractured point of the radius. The two ends of the bone stood at an angle, probably caused originally by the spastic contraction of the extensor carpi ulnaris muscle, which was prominent and rigid below.



above it, so as to crush both bones of the forearm, breaking them, as he says, in three places without tearing the skin, which, however, was subsequently opened by suppuration.

The accident occurred Jan. 20th, 1856.

He had immediate recourse to medical assistance. The arm was kept at rest on a pillow, and supported by bandages and splints, whilst cold lotions were applied. According to his own account, there was great ecchymosis of the whole arm, and it was much swollen.

At the end of three days, three or four abscesses opened on the inside of the forearm. There was constant discharge through these orifices for seven weeks, and the physician, as

There was a weak union between the fractured ends of the ulna. They had become fastened to the radius so as to prevent pronation and supination.

On the 20th of March, six weeks ago, the fractured ends of the radius were resected. A semilunar incision was made over the projecting false joint, care being taken to press aside without injuring the extensor muscles of the thumb, which lay under the line of the incision. The ligamentous union of the radial fragments was cut across, the ends were made to project through the wound, and a portion, about $\frac{1}{2}$ of an inch in length, resected on either side with the saw and cutting forceps.

The tendon of the carpal extensor was divided subcutaneously near the wrist. The angle formed by the united fragments of the ulna still prevented the arm from becoming entirely straight.

The weak union of the bone was snapped by pressure of the hands, and a small pair of bone forceps was introduced to destroy all bony connection between the ulnar and radial fragments.

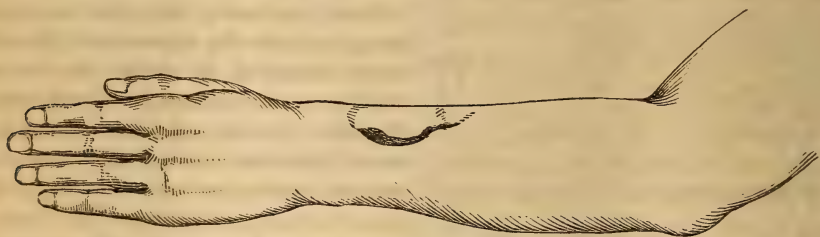
There was but little hemorrhage, not enough to require a single arterial ligature. The arm could now be put at once into its proper shape.

The wound was dressed in the ordinary manner, and the arm placed in a hollow leathern splint, so as to support it well, from a little below the elbow down to the hand.

The after treatment was simple. The wound healed as such wounds generally do, partly by first and partly by second intention. In a fortnight the hollow splint was laid aside, and the arm supported by the ordinary side splints and a narrow splint beneath the ulna.

No pieces of necrosed bone have been thrown off, and now, (April 30th,) the patient is about to return home. The fore arm is a little shorter than the other, but firm and strong, well shaped, as represented in Fig. 2, with perfect motion at the elbow and wrist, and free pronation and supination.

To obtain these last movements, care was taken to institute passive motion as soon as the union of the bones became firm enough to bear it.



Hemorrhoids removed with the Écraseur— Operation bloodless—Recovery rapid and complete.

By W. C. ROGERS, M. D.,

Of Green Island, New York.

H. J., American, 30 years of age, moulder, has been afflicted with piles for many years. Applied to me April 10, 1859, for relief. Administered an alterative cathartic on the 10th, followed by castor oil on the 11th. On the 13th, proceeded to operate, Dr. H. B. Whiton, of Troy, administering ether. The hemorrhoidal tumors, three in number, were drawn down with a tenaculum; the largest, about the size of a hickory nut, was included within the chain of the instrument, and completely removed in about *two minutes*. No blood escaped

from the excised surface. The second tumor, half the size of the first, was removed in like manner, and with the same result. The third was so small, that we determined to destroy it with caustic. Nitrate of silver was accordingly applied in substance to the last tumor, and to the cut surfaces of the anus, as a safeguard against hemorrhage. An anodyne injection was administered, and the patient left comfortable. The only blood lost was from passing the tenaculum through the tumors. No secondary fever ensued. There was slight strangury for two days. On the 16th, the slough was cast off; and on the 19th, the patient resumed his labor, with but slight irritation about the anus, and with no traces of hemorrhoids, except the three small cicatrices. I report the case, that others may be induced to use the instrument.

MEMOIR OF THOMAS D. MÜTTER, M. D.

By R. J. LEVIS, M. D.

When a great and good man takes his departure from his field of earthly labor, a record of those deeds and virtues for which we honored him here, and which are his title to reward in the hereafter, is the last sad consolation that is left to us.

There is a melancholy pleasure in retracing "foot-prints on the sands of time," of one whose feet have wandered not from the strait path,—there is utility in deepening such impressions which may guide the wayward in the way of right.

There is in humanity an honest veneration for departed worth—an innate reverence for the mystic realm of death, which sheds on the mind a tranquil thoughtfulness; and though the simple annals of a well spent life may contain no startling incidents and illustrate few vicissitudes, they may still be acceptable and reviving to the kindest feelings of our natures. Even the ancients to whom death seemed as but a dreaded oblivion, loved to look with wistful veneration on the great destroyer, and the pyramid and obelisk towered to the memory of the departed, the dirge and requiem were chaunted round the pyre, and even in their revels, upon the festive board, a skull and bones,—those pale insignia of mortality,—gazed vacantly, wreathed with a garland, linking budding life to death, as if to make the contrast greater.

If such were the views of those whose almost only associations with death were its terrors,—

"The knell, the shroud, the mattock and the grave, The deep damp vault, the darkness and the worm!"

how different to us the contemplation, who can view "the breathless darkness and the narrow house" as but a trysting place where we go to meet those we have loved and lost on earth and wait for the coming of those we have left behind, to join in the great celestial gathering.

The subject of this memoir needs no eulogium from us, before the medical profession, and our humble hands would attempt to wreath no

new laurels for his brow;—could we in sadness but plant the yew and cypress on his grave, in tribute to his memory, we would not wish for more. Respect for his memory, and the gratitude an obliged pupil feels for a revered preceptor,—and which we had hoped in vain that time would have allowed us in some other manner to evince,—are the inducements for this feeble offering. Other and abler pens will write for him, to coming ages, a deathless name, to be forever blended with the history of American Surgery, and to stand as a synonym for professional excellence and munificence.

The short life of Dr. Mutter, illustrated the most remarkable mental abilities, and the gentlest qualities of heart. For years we have viewed him at what seemed the zenith of professional eminence, and yet he continued struggling under the oppression of the severest bodily infirmities, to elevate the science to which he was devoted and to relieve the miseries of others. His life, until his retirement, was one of incessant labor. His lectures and immense practice occupied the day, and midnight found him still toiling. The allurements of pleasure and the couch of indolence could not attract him from his great pursuit, and he continued to be active until unable to hold up longer against his fate, he sought retirement and repose,—a calm well suited to the close of a useful life.

And now the grave has closed over him. It will be hard for many of our readers whose last sight of him was in his brilliant career on the forum of medical teaching, to realize the event. What an epitome of this life it is to know that so much mental activity has ceased here, forever; that the eye which so lately gleamed with enthusiasm is closed; the cheek which glowed with ardor is pale; the voice which rang so loud and clear with eloquence, is hushed in the endless silence of the tomb. All who really knew him will fondly revere his memory; those who envied his success and cavilled at his course,—for an eminent position always provokes the attacks of envy and reproach,—will now admit that the result of his life has shown how entirely unselfish was his character:

"death opens the gate of fame and shuts the gate of envy after it."

It is interesting to look back on the ancestry of a man whose elements of greatness seemed to be born in him—with natural abilities which would have made him a leader in almost any walk of life. Dr. Mütter's early progenitors were Hollanders, as the name would indicate, who settled in Scotland, near Glasgow, soon after the Revocation of the Edict of Nantes in the year 1685, which was followed by so much religious proscription. With the hardy Scottish race, who have supplied the world with so many eminent men in all departments of science, he was proud to claim an affinity. We have been informed by Dr. T. M. Blount, his nephew and late pupil, that the grandfather of Dr. Mütter was born near Glasgow, in Scotland, and emigrated to the United States before the American Revolution, and settled in North Carolina. He was a highly educated gentleman, and brought with him considerable fortune. Previously to and after the Revolution he was engaged in mercantile pursuits in Petersburg and Norfolk, Virginia. He married Elizabeth Moore, the sister of Colonels Samuel and William Moore, of Caswell county, North Carolina, and left four children. One of these children, John Mütter, the father of Dr. Thomas D. Mutter, was sent with one of his brothers to Scotland to be educated, and on their return they settled as merchants and factors at Petersburg, Virginia. John Mutter removed to Richmond, where he continued in business as a merchant, and agent for several Scotch and English houses extensively engaged in the tobacco trade. He was married to Lucinda Gillies, the daughter of Dr. Gillies of Alexandria, half sister of the late General W. K. Armistead of the U. S. Army, and a relative of Gillies the historian, and also connected with the Lees, Carters and Dulany's of Virginia. She died about the year 1813.

In a few years after that event John Mütter was attacked with a pulmonary disease, for which he undertook a journey to Italy, taking with him his physician, and his private secretary, to attend to his correspondence. He

sailed for Liverpool, and from thence went to France, crossed the Alps in the winter season, and reached Naples, where he died in 1819. He was very wealthy, his property being worth more than one million dollars, but during his absence, by some misfortunes or mismanagement, the firm became embarrassed, and comparatively little was left of his estate.

Thomas Dent Mütter, the only child of John and Lucinda Mütter, was born at Richmond, Virginia, on the 9th of April, 1811. Although his father left him but little, he was not unprovided for. Colonel Thomas Dent, an intimate friend of his father, and after whom he was surnamed, left him an estate said to be worth forty thousand dollars. He was placed under the guardianship of Wm. Carter, with whom he resided at Sabine Hall, in the interior of Virginia. He soon became a student at Hampden and Sydney College, and graduated at an early age.

Having determined to follow his inclinations to study medicine, he was placed under the tuition of Dr. Sims, of Alexandria, Virginia. On coming to Philadelphia to attend the University of Pennsylvania, he became a student in the office of Professor Samuel Jackson, who still survives him in venerable grandeur, enjoying the rich autumn harvest of an illustrious life of usefulness. He graduated at the University of Pennsylvania in the year 1831. The subject of his thesis was "Chronic Inflammation of the Testis."

After graduating he made a voyage to Europe in the corvette "Kensington," which was built at Philadelphia for the Mexican government, but that power not being in a financial condition to pay for it, the "Kensington" was purchased by the Russian Emperor, and was taken to Russia under the command of Captain Ramsey of the United States Navy, and was manned entirely by Americans. The officers of the "Kensington," including Dr. Mütter, who was the surgeon of the vessel, received the most flattering attentions from the Emperor, who offered them great inducements to enter the Russian naval service.

After leaving the vessel he went directly to Paris, where he became the pupil of the great

French surgeon Baron Dupuytren, a counterpart of whose brilliant career he has since reenacted on this side of the Atlantic. During a part of his long residence in Paris he was an "interne" at the hospital to which Dupuytren was attached, and was the fellow student and associate of many who have since become the most eminent surgeons of France, and with whom an intimacy was formed which resulted in a life-long friendship and frequent correspondence.

He returned to Philadelphia to commence practice, and opened an office in Third street, below Walnut, in the old "Willing Mansion." After remaining a year in comparative inaction, and feeling somewhat discouraged, he almost determined to return to Paris to engage in practice, where he was confident of excellent prospects of success, there being at that time no English or American physician residing in Paris. He had formed such associations and acquired such favorable influences during his residence in that capital, and being a proficient in the French and German languages, he could anticipate receiving at least the patronage of the English and American strangers. On this subject he first fortunately consulted his kind friend and old preceptor, Dr. Jackson, who encouraged him to remain and work patiently for another year, but that if at the end of that time the prospect should then seem no brighter, then to return for a permanent residence in Paris.

From this time his flood, which led on to fortune, seems to have commenced, so that by the end of the second year in Philadelphia his professional income was two thousand eight hundred dollars. He was then conducting the daily examinations of a class of students, and was the first who introduced into this country the Edinburgh examining or "quizzing" system, which has since been so generally continued. He also gave lectures on operative surgery to a class of over eighty students, and for that purpose occupied a building in the neighborhood of Ninth and Walnut streets, in which was his lecture room and its appurtenances for teaching. He was also serving faithfully as physician of the Philadelphia Dispensary.

To Professor Samuel Jackson, Dr. Mütter was indebted for his earliest opportunity of displaying practically his abilities as a surgeon, and to his influence and kindness he attributed the beginning of his popular reputation. His merit soon began to be appreciated by some of the practitioners in the greatest repute, while his general intelligence and elegant, affable manners, attracted to him the influential and wealthy among their patients, and his generous, sympathetic, earnest attentions conciliated for him the confidence and affections of the poor and humble.

His ingenuity early had an excellent field for its display in orthopædic surgery, which was at that time beginning to attract the attention that has led to its present important position. The subcutaneous section of tendons practised by Dieffenbach and others in Europe, he speedily repeated, and his success in the treatment of club-feet in particular, increased his reputation and brought him an extensive practice in that specialty of surgery. An essay published by him on that subject attracted a great deal of attention and criticism.

On the 6th of April, 1841, at the early age of twenty-nine, Dr. Mütter was appointed Professor of Surgery in the Jefferson Medical College, and formed an important element in the extraordinary array of talent which has been since that time combined in that institution, and raised it to its present preëminent position. He had there an opportunity of displaying his great abilities as a teacher, which on his subject, are universally acknowledged to have been unrivaled. His kindness and enthusiastic devotion to the interests of the student, his brilliant eloquence, his finished, clear style, and polished, gentlemanly manners, gained for him the love, admiration and respect of the class. All who have attended the Jefferson College within the past few years, will ever recollect with what ardent greeting he was received on his entrance into the lecture room, and will remember occasions when, after some of his many attacks of painful illness, he again tottered feebly to his place before them, the warm and often boisterous applause which

burst and rang, heedless of his attempts to silence it, indicating a feeling for him not alone of respect and admiration, but of the warmest affection and tenderest sympathy for his sufferings.

Dr. Mütter's style of lecturing was thoroughly didactic, forcible, lucid and systematic, and at the same time eloquent and attractive. It has been frequently the case that medical teachers who possess unusual profundity and eloquence, dislike to be hampered by following a systematic course of instructing, and have a distaste for the slow inculcating of elementary matters or principles, but delight to revel before the bewildered tyro in some of the latest theories, or expatiate at length upon other complexities which are to him incomprehensible. With Dr. Mütter, the solid groundwork of the great superstructure was laid before the student in such a plain and impressive manner, as to be clearly understood by him, before he was led up to its more complex and ornate developments.

As a clinical lecturer and operator, Dr. Mütter was equally successful. The famed clinic of the Jefferson College, which originated in the throng of patients who eagerly sought at the institution, the advice of his predecessor, the great McClellan, was fostered by him with intense interest. There, associated with his distinguished colleague, Dr. Pancoast, was practically illustrated what his daily lectures efficiently taught. At that clinic have been performed some of the greatest achievements of American surgery. At these lectures, the amphitheatre was always crowded, not only with medical students, but by practitioners from all parts of the country.

Dr. Mütter had for many years a very large surgical practice, and his advice and aid in consultation was sought by the profession, to a greater extent than his feeble physical abilities enabled him to attend to. His office was thronged with patients from every part of the Union, waiting patiently their turn, for hours, to consult him. To all who needed his services, whether rich or poor, he was polite and attentive, and with all he seemed to create at once an enthusiasm in his favor. At the

clinic of the College, on his entrance into the receiving rooms, crowded with patients attracted by his fame, they gathered around him with a confidence and infatuation which seemed almost to say, "If I may but touch his garment, I shall be whole."

Notwithstanding his want of physical vigor, he was an expert and efficient operator. Every procedure was systematically viewed by him in his mind, before undertaking it; each assistant was accurately assigned his special duties, and no instrument or other requisite appliance was ever wanting when needed during an operation. He appeared often at operations to be painfully sympathetic with the suffering patient, and was the first to use ether for its anæsthetic effect, in this city, and did much towards its general introduction.

The labors of Dr. Mütter were abbreviated by the same painful infirmities which always oppressed him, and which early closed his career; yet everything that he has written evinces his ability as a writer, and is in the same genial, polished and concise style in which he spoke. He anticipated producing a full and systematic work on surgery, and had gathered and arranged much material for that purpose, but abandoned it as his health hopelessly failed.

His first publication was a brochure on "The Salt Sulphur Springs of Monroe County, Va.," in 1840. Shortly after this appeared the pamphlet alluded to, on club feet. In 1846, he edited, with numerous and extensive additions, "Lectures on the Operations of Surgery, and on the Diseases and Accidents requiring Operations, by Robert Liston, Esq., F. R. S., etc. These works, with the exception of a syllabus to his course on surgery, and some short essays and addresses, are, unfortunately, all that he was enabled to accomplish.

Dr. Mütter made repeated professional visits to Europe, spending much time in the principal capitols, among his numerous eminent friends, gaining by observation and study, and bringing home, on his return, every new addition to the science or art of Surgery. During these visits he spared no labor or expense to secure the most valuable material for illus-

trating his course of lectures, and has thus succeeded in collecting one of the best private surgical cabinets in existence. His library was kept replete with the best medical literature of all countries. He was a member of several European societies of medicine, or the collateral sciences, and enjoyed a fellowship in the Royal Medical and Chirurgical Society of London, and was a Foreign Honorary and Corresponding Member of the Provincial Medical Association of Great Britain, etc. We have been informed by Dr. A. C. Bournonville, the friend and former pupil of Dr. Mütter, who accompanied him on one of his European visits, that he was greeted warmly by the most eminent medical men of London and Paris, often meeting them socially, and attending, by invitation, their operations and consultations. Among those to whom he was most endeared, were his distinguished and attentive friends, Trousseau and Sir James Clark, to both of whom he was indebted for kind professional services during severe attacks of his frequently recurring malady. His presence seemed at once known among the numerous American health or pleasure seekers in Paris, who sought his society, and many every day consulted him professionally. Many of our countrymen, on going abroad, who have been favored by him with letters of introduction to distinguished medical men, have found them passports at once to the society and attentions of the recipients.

Dr. Mütter's latter tours through Europe were made for his health, as the only means of securing relaxation, and escaping the incessant calls for his services at home. But it was evident that his condition was not improving. During the last course of lectures which he delivered, an anxious, care-worn expression evinced that his natural great buoyancy of spirits and extraordinary mental activity, were vainly struggling under the crushing burden of disease and suffering; and although it was not without forewarning, yet in the spring of 1856 the sudden resignation of his professorship and retirement from practice, rather startled his friends.

After making some final arrangements of his affairs, he proceeded to Europe to make

a last attempt to restore his health, spending his time in the capitols, or at the most celebrated watering places. His long stay in Europe made his friends hope that he was being benefited by the relaxation from care and labor, but in November last he returned feeble and dejected, with the graven lines of pain furrowed deeply on his brow. His too early whitened locks showed that with him the blanching snows of winter were following too hard upon life's summer—seed time and bloom, and then the snow drift had blighted the harvest.

He soon sought the more genial climate of the south, but his life was near its close, and in the city of Charleston, on the 16th of March last, in the 48th year of his age, weary with suffering, he laid down to his final rest. Thus has ended the career of one whose life was a credit to his country, a gain to science, and a blessing to humanity.

With the liberality which characterized him through life, he has donated his splendid cabinet, to which we have alluded, to the "College of Physicians of Philadelphia," to found a museum, to be denominated the "Mütter Museum, founded by Thomas Dent Mütter, M. D., L.L.D., A. D. 1858." And also property to the amount of thirty thousand dollars, for the maintenance of the museum, the payment of a curator, and the endowment of a lectureship on surgical pathology. To the "Hospital of the Protestant Episcopal Church in Philadelphia," twenty thousand dollars are bequeathed for the founding a "ward for incurables."

Dr. Mütter was a member of the Episcopal Church, to which he was devotedly attached. The consolations of religion supported him through his long sufferings, which he bore with patience and hopefulness. And would not that hopefulness which led him buoyantly through so much earthly travail, teach him to hope for the life beyond? Is there not within us all that intuitive assurance of a bright resurrection which should well make the hopeless sufferer in joy exclaim—

"Shall I be left forgotten in the dust,
When fate, relenting, lets the flower revive!
Shall nature's voice, to man alone unjust,
Bid him, though doom'd to perish, hope to live?"

In every view of him, he was a "good physician." His manner hopefully inspired the desponding; his skill raised many from a lingering couch; his bounty flowed from an open hand and purse, wherever sickness and poverty, those uncongenial, gaunt, unwelcome, but oft linked companions harassed the sufferer; his great name was ever popularly associated with the relief of suffering, the healing of the sick, joyfully leading away the halt, restoring sight to the blind, or soothing the path of the worn and life-weary to the eternal rest.

Yet again shall we meet him where preceptor and pupil, physician and patient, shall stand in new relations; where disease shall not corrupt, and pain shall not rack; where the palsied hand shall be freed from its fetters, and the darkened eye opened to the light of the life immortal; where the wan and wasted shall be revived; where hopes wreck not, and where sorrows are unknown!

We have not attempted to present in this tribute, a full account of Dr. Mütter, or to give more than a faint outline of his life and character. It is beyond our ability to portray him correctly to those who were not personally acquainted with him,—to those who knew him well, we have merely awakened some welcome reminiscences. We all deplore his loss as one which we cannot retrieve, yet he has but "gone before" us to the common fate which gathers in the mould and levels all earthly distinctions,—the mighty in intellect, with the imbecile; the crown, with the crook; the sceptre, with the clod:

"Earth's highest station ends in 'here he lies,'
And 'dust to dust' concludes her noblest song."

Veratrum Viride in Apoplexy and Uterine Hemorrhage.

By B. WOODWARD, M. D.,

Of Galesburg, Illinois.

The power which veratrum viride possesses to control arterial action, without the more permanent depressing effects of tartar emetic and other arterial sedatives, has led to its adoption in various forms of disease. The very marked influence of the remedy in pneumonia,

pleurisy, rheumatism, etc., has led me to try it in two cases of apoplectic attacks, and also in uterine hemorrhage.

My father, aged 75, a large heavy man, has for years been laboring under an asthmatic affection, induced by thoracic and pericardial effusion. For about a year past, whenever he stooped low, there has been determination of blood to the head, producing vertigo, and sometimes temporary loss of sensation, but upon putting him in an upright position, and bathing the head with cold water, it would pass off.

In December last, while sitting in his chair, he suddenly fell forwards perfectly insensible. I was with him in a few minutes, and found his breathing stertorous, pulse very full, strong and labored, the carotids throbbing violently, countenance livid and eyes suffused. In consequence of the serous effusion mentioned, I did not think best to use the lancet, but as he could swallow, gave at once 20 drops of Norwood's tincture of veratrum viride, and to prevent vomiting, applied a mustard poultice to the epigastrium. In an hour I gave ten drops more, which was well borne, and in three hours from the time he took the first dose the pulse was brought down to 50 per minute. I also used the iced cap. He had profuse diaphoresis and diuresis, and his bowels moved freely. I kept the pulse down by repeated small doses of the veratrum, the congestion passed off and he was restored. From that time to the present, whenever there have been apoplectic symptoms, he has resorted to the use of the veratrum, in doses of from four to eight drops at intervals, with the best effect. The other case in which I used the remedy was much like my father's, but less severe. In another case, however, which terminated fatally in three days, it was resorted to after bleeding, without any effect, for it seemed to have no control over the pulse. In this last case there was, from the first, perfect hemiplegia.

In Uterine Hemorrhage.—Mrs. T. miscarried in the 5th month, from a fall. After delivery the uterus refused to contract, either on the use of ergot, manipulation, cold to the abdomen, or any of the means used. The loss of

blood was very great, and I gave her 25 drops of Norwood's tincture, not caring whether she vomited or not, but rather hoping she would, which she did 15 minutes after taking it. In a very short time the hemorrhage abated, the uterus contracted well, and all was right. Was it the veratrum which did it?¹ In two other cases of post partum hemorrhage I have used the medicine with good effect after other means had failed. One thing is certain—it will, in a great majority of cases, control the action of the heart. It may be thought that such large doses of so active a remedy must be dangerous. I have found no bad effects from them, though it has only been in the cases mentioned, that I have ventured upon them. It may be that the use of the remedy in the cases above mentioned is not new; I have only to say I have seen no notice of such use. Thus far my experience with the medicine in apoplexy or uterine hemorrhage has been very limited, too much so to be able to form a correct opinion as to its value. If the readers of the REPORTER have used the medicine in any similar cases, will they give us their experience?

—o—

The Vigilance Committee of the London Medical Registration Association, have been, under the new medical enactment, warning irregular practitioners to discontinue their practices. Some of the quacks have ceased their nefarious business, and individuals who have been sued for the exorbitant demands of notorious empirics, have been aided by the Association in successfully resisting such attempts at extortion.

Two persons have been tried in Liverpool and convicted of poisoning the *holy water* in a Roman Catholic chapel, by throwing large quantities of chromate of potash into it. It irritated the skin and injured the clothing of those who used it as a religious form.

¹ Whatever good may have been accomplished by the use of the veratrum in this case, in the reduction of the pulse, there is no doubt but the act of emesis had great influence in bringing about the favorable issue, by causing the uterus to contract.—[EDITORS.]

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Neill.

APRIL 16.

Dr. Neill prefaced the introduction of a series of cases illustrative of granulation and cicatrization by some observations on the value to the student of an intimate acquaintance with these processes. The object of a student attending hospital practice was not merely to witness operations, however important this may be, but to learn when and where operations become necessary, and to observe the sequences of the operation. Patients were not brought before the class to excite sensations of horror or even pity; the object was to teach the laws of cure, to show the reparative powers of nature—the laws of surgical pathology.

Granulation and Cicatrization.—The cases were to be studied by the phenomena exhibited, and their present condition, independently of the accident or disease producing their present state.

Case 1st.—This was a pallid, unhealthy looking young man, presenting a large raw, granulating surface over the trochanter, and, connected with numerous sinuses and openings, extending from the ilium to the perinæum and nearly to the knee. In ordinary language, this patient would be said to have an ulcer, but this is a very vague term, as also the term ulceration, often synonymously used. A healthy ulcer, although it may seem a paradoxical expression, is not attended with ulceration—the latter term implies the breaking down, the absorption, and ejection of the molecules of a part. A healthy ulcer is a term used to convey the idea of a healthy granulating surface. The question at once occurs, what is a granulation? Upon examining this surface you will find it studded with a number of little red points, each of which is a granulation, and consists of certain determinate elements, viz: a collection of cells, formed in effused lymph, and blood vessels.

The redness of this surface depends upon the blood in the capillary vessels, and the shade of the color upon the character of the blood. This blood vessel is formed by a constant law—not, as Hunter supposed, *de novo* in the granulation. The development of vessels in granulations is a most wonderful and beautiful process, a series of loops and arches being formed as outgrowths from neighboring vessels there, thus constituting a continuity of the old part with new tissue.

Granulations vary in different individuals and in different surfaces: the term healthy or unhealthy

sores depend on the character of the granulating surface. This is the key to a knowledge of the nature of ulcers. In the present case, the granulations are not bright and uniform, as they should be; this is in consequence of the broken down and debilitated condition of the patient, and hence in the treatment, which here consists of lint wetted with a solution of chloride of zinc, grs. v. to fʒj, reliance is not to be placed upon the mere local application of astringents, but upon a roborant constitutional impression.

If this patient were kept on low diet, the granulations would never reach the surface.

Case 2d.—Was a young man from whose leg the skin had been torn by wheels. Upon the lower part of the leg, and nearly surrounding it, is a large granulating surface; the tibia is bare, and the heel deeply ulcerated. As these granulations are touched with the sponge they bleed; this is because there is more blood and better blood in them than in the last exhibited.

There is another process also going on upon this surface, viz: cicatrization; that process, by which an ulcer closes and becomes covered by an integumental investment. The granulations fill up the cavity, and as they reach the surface there seems a manifestation of some force, determining the new tissue to be formed, whether skin, or cellular tissue.

The granulations nearest the edges are smooth and glazed over with a thin, whitish-blue pellicle; this is the first appearance of new skin, composed of granulation cells, developing into epithelium. In this patient, as well as in the last, in the middle of the granulating surface there seems to be a tendency to cicatrization.

The statement ordinarily made, is, that cicatrization *always* depends upon forces in the edges of the ulcer, that the granulations receive their plastic force from the borders of the old tissue, and that they never can commence in the middle of an ulcer. *Errichsen*, and other high authorities, make this assertion; but this is not always so, and even in the very ulcer under consideration a little island of new tissue has formed in the middle of the surface, proving that cicatrization will diverge from the centre, as it will converge from the periphery.

This man is under the most active constitutional treatment.

Case 3d.—This patient some time ago met with a severe injury to the leg, produced by a mass of coal falling upon it, necessitating amputation. A primary operation was refused. Owing to the broken down condition and intemperate habits of the patient, he was in imminent danger of losing his life, delirium came on, abscesses formed in the leg

and thigh. After the operation, the integuments forming the flaps, sloughed. This illustrates an important point in the pathology of cicatrization, viz: that the granulation cells have the power impressed upon them of receiving from the blood the elements of the new tissues to be formed, and of depositing them according to certain architectural laws.

The bone is formed, not by passing through a pulpy and cartilaginous stage, but out of a granulation cell is formed a bone cell.

The end of the stump is being rounded off, all irregularities filled up by newly formed tissues, and preparing for its investment. In after years the end of the bone will be partially absorbed, and the medullary canal closed by a layer of bone.

The practical points here are: cleanliness, the removal of excessive pus, the prevention of putrefaction, and sustaining the strength. Should the granulations become weak, flabby or fungous, they should be touched with nitrate of silver, and dressed with weak solution of sulphate of copper.

Case 4th.—This case most strikingly illustrates the reparative powers of nature in the production of new or supplemental tissues; perfect cicatrization having taken place upon the foot and leg of a man after an extensive burn from the filling of his boot with molten iron. The new skin conforms in a very great degree to the characteristics of that which it succeeds, being thin and smooth on the upper surface, and corrugated upon the plantar surface of the foot. The new tissue, however, is by no means equal to the old, lacking its elasticity and mobility, in consequence of its close connection to the subjacent cellular tissue. Scars are also defective in vital power, and have less resistance to destruction. When the health breaks down, or when great pressure is made on them, the scars give way and ulcerate. As the patient advances in life, the cicatrix will conform more and more to the original type.

There is a small portion, as is often the case after such extensive injuries, which obstinately refuses to heal. This was also touched with nitrate of silver, and dressed with lint, wetted with solution of sulphate of copper, grs. v to fʒi.

Operation—Railway Injury.—The lecture was interrupted here by the announcement that a boy, eight years of age, had just been brought to the hospital, with a railway injury. Dr. N. directed him to be brought into the amphitheatre. The wheel passed over the dorsum of the left foot, and by its weight burst it open. There was a lacerated wound extending from the internal malleolus to the metatarso-phalangeal articulation of the great toe; the proximate end being dislodged

from its articulation and forced through the external wound. The soft parts were extensively crushed and infiltrated with blood and serum. The skin of the entire foot was cold and blue, and devoid of sensibility. There was but little hemorrhage. Whilst examining the case, Dr. N. remarked that where a wheel of a car passed over a foot, the foot was generally lost, either directly or by subsequent sloughing; and the question arose here whether the whole foot should be amputated or the injured parts alone removed.

The latter course was decided upon on account of the youth of the patient. In a young person the foot may be mashed without fracturing the metatarsal bones. An adult, with the same injury, would lose his foot.

The operation consisted of enlarging the wound already made, and the removal of the great toe with its metatarsal bone. The edges of the wound were brought together loosely by adhesive strips; not encircling the whole foot, which might increase the chance of sloughing. No sutures were used, because the flaps were cold and blue. The first dressing Dr. N. observed would be dry lint and charpie, with a light roller to keep it warm. With the vitality of the parts depressed, it would be madness to use a cold water-dressing.

Operation for Congenital Deformity.—A lad of about 12 years of age was exhibited to the class in consequence of several deformities, consisting in the presence of supernumerary parts or tissues.

Several of the fingers of each hand were connected together by a musculo-cutaneous band, affording an illustration of the peculiar condition known as *web-footed*.

In addition to this there was a supplementary toe to each limb. The great toe of each foot appeared to be flattened, and bore upon its under surface a deep longitudinal groove. Upon examination the portion on each side of the groove proved to be a distinct toe, having its own phalanges and articulations.

Dr. N. removed the inner, least developed toe of each foot, and closed the wound with silver sutures.

APRIL 20.

Lacerated Wounds—Dr. Neill remarked, that he would bring before the class a series of cases illustrative of the results of lacerated wounds. These, he said, are interesting with reference to the consequences which are apt to follow. The danger of lacerated wounds consists in their secondary changes, as hemorrhage, sloughing, etc.

Case 1st.—This case has been one of great interest since its admission into the Hospital, on account of the secondary changes that have taken place. Some

time ago the patient received a severe gun shot wound of the index finger, tearing to a very great extent, and exposing the thecæ of the tendons. There was here, then, a lacerated wound, consequent upon a gun shot injury.

After a few days great constitutional disturbance occurred. The hand became exceedingly painful, whilst swelling and redness extended up to the wrist. Cases similar to this are frequently met with, and always require very careful attendance. In consequence of being bound down by the sheath of the tendons, pus, formed beneath the deep fascia of the hand, unless a free incision is made into the suppurating part, may travel upwards, and at last appear above the wrist.

In this case free exit was given to the pus, and the whole hand enveloped in a flaxseed poultice.

Case 2d.—A penetrating and lacerated wound of the hand, from being caught in machinery.

In this case there were by far more serious secondary consequences than in the preceding.

A few days after the injury there was great constitutional disturbance, and there were lines of redness running up the arm. There was inflammation of the lymphatic vessels. He was restless and sleepless, had loss of appetite and furred tongue. This *Angioleucitis* or inflammation of the lymphatics is a symptom of a very unpleasant kind, and is often followed by another condition that is very much to be deprecated in wounds of all kinds, namely, erysipelas; this occurred in the present case.

The symptoms, however, gradually subsided, the redness and erysipelas disappeared, and there at present remains a wound and a swollen condition of the hand. This swelling which is due to infiltration of the cellular tissue, can go away only by one of two processes—absorption or suppuration.

Treatment.—The hand was poulticed; lead water and laudanum applied to the forearm; quinia, six grains in the course of the day, and 10 to 15 drops of the tincture of the chloride of iron three times a day.

Case 3d.—Extensive lacerated wound of the hand, from the premature explosion of gunpowder, whilst blasting.

This wound was soon followed by erysipelas. The attack was ushered in by a very severe chill. The limb, from the hand to the axilla, was enormously swollen, and traversed by red lines. The hand and forearm are at present of a dusky hue. The erysipelatous effusion in several parts of the arm was of an irritant character, and provoked extensive ulcerations.

The treatment pursued in this case was similar to that of case 2d.

Wounds of the Scalp.—Wounds of the scalp are more serious than corresponding wounds elsewhere—not on account of any great risk to the scalp, but on account of the supervention of erysipelas, or of inflammation of the brain and its membranes.

Case 1st.—A wound about $1\frac{1}{4}$ inches in length, upon the posterior portion of the parietal bone. The edges are not united, although the wound was made some days previously, and there is a quantity of pus in it. There will consequently not be union by the first, but by the second intention. This is due to the contusion of the parts.

Some two or three other cases were presented, the main points in the treatment of which were, the avoidance, as much as possible, of the use of sutures, the bringing the parts together by means of adhesive strips, the application of the warm or cold water dressing, and careful attention to the general condition of the patient.

Fractures of the Clavicle.—A few days ago I showed you four cases of fracture of the clavicle. I then pointed out the general nature of the deformity, indications and treatment, as well as the particular complications of those cases. To-day I show you two new cases.

Case 1st.—A lad of 19 years, with a fracture about the junction of the middle and acromial third. This case has no complication; presents the usual deformities; is treated in the usual manner.

Treatment.—The indications to be fulfilled are, to elevate the shoulder, and to support it in a direction upwards, backwards and outwards. The apparatus preferred in the treatment of this injury at the Pennsylvania Hospital is the one known as Fox's. This consists of a ring of buckskin or of muslin stuffed with cotton, through which the uninjured arm is passed, so that the ring may surround the sound shoulder; of a firmly stuffed, wedge-shaped pad, having a band attached to each extremity of its upper or thicker end; the thick end of the pad is firmly pressed against the axilla and held in position by the bands, one of which passes anteriorly the other posteriorly across the chest, and are tied to the ring; lastly, of a sling made of strong muslin, with a cord attached to the humeral extremity, and another to each end of the carpal extremity; by means of these cords, which are also tied to the ring, the arm can be powerfully elevated, and the elbow drawn forward and inward, and consequently, the pad acting as a pillow, the shoulder forced outwards.

Case 2d.—Was a short, thick, middle aged black man, of intemperate habits. The fracture is about

the middle of the bone, and characterized by an unusual degree of swelling, the size of a walnut. What occasions this swelling? The man was tipsy at the time of the injury, and rebellious for some time subsequent to it; it was with difficulty that he could be undressed and the apparatus applied. This constant resistance on his part, and the jaggings of the spiculated fragments of bone, produced effusion of serum and lymph in the surrounding tissues. This swelling is not callus; callus is bone, and is not formed for three weeks. If the shoulder is kept quiet, absorption will take place to a great extent; but if motion is allowed the callus will be in excess and irregular.

Gonorrhœa.—This patient was on a former occasion brought before the class in attendance upon the hospital clinics in order to illustrate the diagnosis between what is often mistaken for chancre and of extensive ulceration of the prepuce. The surface of the prepuce presented a large number of superficial ulcerations, with a muco-purulent discharge. The skin was reddened, hot, infiltrated and painful. Caustic application to the parts was freely applied, and in a short time the ulcers healed.

At the time that the man was first shown, he had a discharge from the urethra, a running of purulent matter, a *gonorrhœa*.

The man has had this disease during two months, at one time improved in consequence of treatment, at another relapsing into his former condition. This is by no means thus a recent gonorrhœa, and by many persons would be called *gleet*, which is the term used to convey the idea of a chronic gonorrhœa.

Gleet, a not unusual sequel to gonorrhœa, is often owing to the condition of the mucous membrane after the subsidence of the acute inflammation; but sometimes it is the result of improper or injudicious treatment, and sometimes an accompanying symptom of the early formation of strictures.

The common treatment of gonorrhœa generally consists of the administration of copaiba and cubebs in large doses, often followed by injections. If there is any medicine that is abused it is copaiba and its congener, cubebs. They are stimulating diuretics, unquestionably at times beneficial, but I inveigh against their common and indiscriminate use as unphilosophical, in the first instance, and injurious in the second.

What is the cause of the chronic gonorrhœa in this instance? Although the patient denies that the stream of water is diminished in size, we suspect a commencing stricture, a condition that in its early stages is often not recognized by the patient, and is overlooked by the physician. The mucous membrane of the urethra may be inflamed, thickened,

almost granular, keeping up irritation and a slight discharge, and the patient nevertheless direct little or no attention to the condition of the stream of water that he may pass.

I believe more harm than good is done by copaiba and cubebs at the present time. Congested strictures and chronic cystitis are often mistaken for gleet.

Dr. N. then selected a full-sized bougie to examine the urethra. It could not be passed beyond three inches; this is a frequent seat of stricture. I shall not force this to-day, but I think it will yield readily to dilatation. The introduction of a large bougie is often said to cure a gleet; this is because it cures this early form of stricture. This gleet discharge is merely a symptom, and attendant upon stricture.

Medical Societies.

THE QUARANTINE AND SANITARY CONVENTION.¹

This body held its third annual meeting in the city of New York last week. The delegates met in the hall of the College of Physicians and Surgeons on Wednesday, the 27th ult. One hundred and forty-two delegates answered to their names, as follows: *New York*: N. Y. Sanitary Association, 25; Academy of Medicine, 17; N. Y. Medical Association, 3; the Kappa Lambda, 3; Ward's Island Hospital, 5; N. Y. Common Council, 11; Medico-Chirurgical Society of Brooklyn, 3; King's Co. Med. Society, 2; Brooklyn City Hospital, 6; Brooklyn Board of Health, 2; Troy, 2; Staten Island, 3. *Pennsylvania*: Philadelphia Board of Health, 11; Phila. Co. Medical Society, 1; the College of Physicians, 5. *Rhode Island*: Providence Board of Health, 2. *Massachusetts*: Boston Board of Health, 15. *Virginia*: Norfolk Board of Health, 4; there were also delegates from Richmond. *Maryland*: Baltimore Common Council, 12; Board of Health, 4; Medical Societies, 6. *New Jersey*: Newark Board of Health, 6; Newark Medical Society, 1; Essex Co. Medi-

cal Society, 2. *Alabama*, 1. *District of Columbia*, 1. During the session other delegates registered their names, and some who were not sent as delegates were invited to take part in the exercises.

DR. JOSEPH M. SMITH, one of the faculty of the College of Physicians, welcomed the delegates to the city. The Convention organized by the election of the following officers: President, JOHN H. GRISCOM, M. D., of New York; twelve vice presidents from the different States represented, and six secretaries were elected.²

DR. GRISCOM, on taking the chair, made some very happy remarks in acknowledgment of the honor so unexpectedly conferred upon him. The objects of the Convention, he said, were two fold—to consider the external sanitary police of cities, whose operation was co-extensive with commerce, and the internal hygienic police of society. The first was the most imposing, but the last he thought far the most important. Quarantine defences had engaged the attention of all commercial nations from time immemorial, but the hygienic rules for the preservation of the health of individuals and of families had been strangely neglected. Yet the house on the heath and the tenement in the city needed to know them alike, and ignorance of them was limiting human life far more narrowly than nature had set. New York city in twenty-five years had lost—

	Inhabitants.
From cholera, - - -	12,300
“ cholera infantum, - - -	15,000
In 20 years from hydrocephalus, -	12,400
From erysipelas, - - -	2,100
“ cholera morbus, - - -	1,400
“ convulsions, (mostly infantile,) -	20,000

These were diseases originating in the domiciles. But from yellow fever, against which, more than anything else, we erect the barriers of quarantine, the loss in fifty years had been only 600. These pregnant facts produced quite a sensation.

A committee was appointed to arrange and propose the business of the sessions.

Second day, Thursday, April 28th—The Committee on Quarantine appointed by the

¹ Compiled from the reports as published in the *New York Daily Times*.

We take this opportunity to acknowledge our indebtedness to this sterling paper for many interesting items of interest to our readers. The *Times* is, as a rule, much more fair in dealing with subjects in which our profession is concerned than is customary with the newspaper press, and we take pleasure in making this acknowledgment.—[EDITORS.

² We trust that we will never again have occasion to record the fact that a scientific association has followed the ridiculous custom of political meetings in electing supernumerary officers. We would like to know *who* was vice president, and particularly *who* was secretary of the above Convention.—[EDITORS.

last convention presented its report. This is an elaborate document of eighty-four pages. *First*, it details the history of Quarantine from the earliest times. *Second*, it discusses the question,—“*Have Quarantines secured the object for which they were originally intended? If not, the reasons of their failure?*” and gives the reasons why to some extent they have not. *Third*, it considers what reforms are necessary to make them more efficient and less burdensome. To the report upon these topics all the members of the committee sign their names, to wit: Drs. Wilson Jewell, R. La Roche, and D. F. Condie, of this city; John M. Moriarty, of Boston; Warren Cleveland, of Brooklyn; Wm. J. Wragg, of Charleston; Wm. Selden, of Norfolk; and Wm. Kemp, of Baltimore. A fourth part, for which Dr. Wragg alone is responsible, discusses the feasibility of a uniform system of quarantine laws. The fifth part, to treat of the best means of purifying infected vessels, was intrusted to Dr. Cleveland, of Brooklyn.

The first part of the report was read and adopted without debate. The second part, without committing its authors to any radical doctrine, leaned well to the side of the party that would abolish all quarantine. This was debated at length.

DR. McNULTY, of N. Y., moved the adoption of this part of the report. He thought it came short in only one respect; he regretted that it did not definitely advise the total abolition of quarantine. The great need of our cities was a good, effective sanitary police. There was no need of quarantining vessels in the lower bay; he would transfer yellow fever patients, whose presence was so much dreaded, directly from on shipboard to the hospital on Broadway, and never have a fear of yellow spreading from them.

DR. GUTHRIE, of Memphis, Tenn., thought that while Quarantine could do little for those localities where it was a native, indigenous disease, it was absolutely necessary in those places where it never occurred, except upon importation. Until Quarantine restrictions relaxed, yellow fever never much troubled Memphis.

DR. TUTHILL, of New York, found little in the report to object to, and much to approve. It was able, suggestive, and rode the fence well. But if the radical opinions of Dr. McNulty were veiled under any of its paraphrases, he should hesitate to vote for its adoption. This convention should pause be-

fore endorsing any such sentiments, even by implication. From the character of the convention the effect of such a course would be that the non-professional public would early clamor for the removal of all Quarantine restrictions, on account of their interference with commerce. That our Quarantine laws had been made unnecessarily stringent, and their enforcement unwisely oppressive, he granted. Still that they had saved Brooklyn and New York from repeated epidemics must be admitted; beyond a controversy. Sanitary municipal regulations did not save Brooklyn from yellow fever two years ago, when starting at Bay Ridge it spread along the highland, and desolated the very best regulated part of the city. Yet it was directly traceable to the infected shipping, which, in violation of the laws, had come too near to the city. What then might have been expected if the infected vessels came directly up, and there were no barrier between the metropolis and the pestilence? Dr. Griscom's statistics presented on Wednesday were intended to show how much more important Sanitary regulations were than Quarantine, but they still more clearly proved how much Quarantine had done for us. In twenty-five years Dr. G. said we had lost 63,000 inhabitants from diseases engendered in the domicile, but in fifty we had lost only 600 from yellow fever, against which mostly we erect our Quarantine barriers. Who doubted that the statistics would have read very differently if we had been without any Quarantine?

DR. BELL, of Brooklyn, said that instead of Quarantine being a protection to Brooklyn it was the cause of the yellow fever there in 1856. Every case that occurred could be traced to infected ships, goods, or employees. Quarantine badly maintained was the cause of the epidemic. The fever was confined to those parts of King's county which were sandy, hot and wet, and stopped when it reached the paved streets.

DR. ELISHA HARRIS, of New York, (late marine physician,) thought that imperfect as it was, Quarantine had repeatedly prevented New York from being swept by pestilence. Two features of our system are right. It is right to detain infected vessels away from the city, and it is right to detain infected goods until they have been thoroughly ventilated, and until after a heavy frost in the fall. But this last feature is never now-a-days insisted on. No political party could afford to abolish

the lighterage system by which the health office secures a good portion of its fees, and by which infected goods, without any ventilation, are transferred from the vessels directly to Brooklyn. Dr. Harris alluded to the anomalous history of the yellow fever in Brooklyn, which scourged the best drained of lands, and wasted in mansions where every thing that could be done was done to stay it; to the curious fact, too, that it broke out on Governor's Island, $4\frac{1}{2}$ miles from where infected vessels were discharging cargo, and in the best ventilated upper rooms, where no fault could be found with the hygienic regulations of the quarters.

DR. ALEX. H. STEVENS, of New York, thought that this talk was all away from the point. To make a point he offered the following:—

Resolved, That in the absence of any evidence establishing the conclusion that yellow fever has ever been conveyed from one person to another, it is the opinion of this Convention that the personal quarantine of yellow fever cases may be safely abolished.

He felt sure that the proposition was true of yellow fever in New York. If any Southern delegate thought it untrue of it in his latitude, he would like to hear from him, and he would amend his resolution. The fact of the non-contagion of yellow fever he thought he saw fairly proved in 1820. This point gained, that personal contagion was impossible, we had it in our power greatly to mollify the restrictions of quarantine at once.

DR. GUTHRIE added the testimony of his experience to the statements of Dr. Stevens, and urged the adoption of the resolution.

DR. KEMP, of Maryland, suggested that the mooted question of contagion or non-contagion was not pertinent to this place and time.

DR. STEVENS was willing to table the resolution temporarily, but before a final adjournment he hoped the question would be candidly considered, so that the proposition might go out as a *res adjudicata*.

The resolution was withdrawn for the present.

DR. ANDERSON, of Staten Island, saw that Dr. Harris endorsed the report, but he preferred to endorse Dr. Harris when he said before the New York Senate Committee—"It were well for the sanitary interests of New York City, if to-day the whole Quarantine system were entirely abolished."

Dr. A. offered the following resolution, which was, however, ruled out of order by the President:

Resolved, That it is the opinion of this Convention that the system of Quarantine, as hitherto maintained in the port of New York, has totally failed to effect its object; that all the restrictions necessary here are to detain vessels actually infected, in an isolated situation, from April 1 to October 1.

He regarded our present Quarantine as simply unnecessary, dangerous, and an intensifier of disease.

DR. BALDWIN, of N. J., said that the mistake of the report lay in considering yellow fever as the only disease that ought to be quarantined, whereas it prevented, or ought to prevent, the importation and spread of small-pox, ship fever, and typhus. He had seen ship fever in New Jersey which had been imported by emigrant ships into New York, and thence spread over all the vicinity. This, and the arguments of Dr. Bell, proved only that Quarantine was not rigidly enough maintained certainly not that none was necessary.

MR. NEILSON, of N. Y., thought that this Quarantine was a humbug. Last season a ship of his went to Boston, having lost two of her crew with yellow fever. She was detained two days, and then discharged her cargo, yet no harm came of it. If she had come here she would have been detained below for weeks, greatly increasing the expense, and he believed with no additional safety to the port.

DR. JEFFRIES, of Boston, asked if there was any gentleman present who could honestly say that Quarantine had accomplished what it professed to do? He certainly could not. The report was conservative.

The question was then taken on the second part of the report, and it was adopted.

The third part of the committee's report was next read.

DR. GRISCOM decidedly objected to one paragraph in this part, which says: "The committee candidly confesses that it knows of no existing system of Quarantine that can be esteemed correct in theory, or calculated to secure any beneficial result in practice." Other portions were equally objectionable and incorrect.

DR. GUTHRIE took the same ground.

DR. GRISCOM resumed, and by statistics proved that New York had only been saved from yellow fever by Quarantine. For thirty-four years prior to 1809, we had seventeen visitations of yellow fever. In the 34 years subsequent to that date, (when first anything like an effective Quarantine was established,) we had only two visitations.

DR. STEVENS.—But since then we have introduced the Croton water.

DR. GRISCOM—But Croton water don't prevent yellow fever, nor does drainage. Dr. G. proceeded at some length to argue the value of Quarantine to New York, explaining lucidly why, under the New Orleans theory of yellow fever causes, we had not suffered it as an epidemic when it was introduced.

MAYOR RODMAN cautioned the Convention against indorsing the radical doctrines of the report, in view of the effect it would have on Boards of Health, subjected, as they always were, to the pressure from commerce.

DR. WATKINS, of Troy, followed in the same strain.

DR. JAMES R. WOOD, of N. Y., said that the literature on the subject would not justify the doctrines of the report. He moved to commit the whole report to the committee responsible for it, with instructions to report it to morrow complete, and free from its radicalisms.

The motion prevailed, and the convention adjourned to 7½ o'clock in the evening.

Evening Session—The evening session was devoted to the report of Dr. Henry G. Clark, of Boston, proposing a draft of a sanitary code for cities. After considerable discussion, in which objection was made to the general applicability of the proposed code, the further consideration of the subject was postponed.

Third Day.—Dr. A. H. Stevens' resolution being in order, he briefly defended the grounds of his proposition.

DR. BELL, of Brooklyn, had been intimate with yellow fever in Vera Cruz, had had it himself, had seen it on the coast of Africa, and was satisfied that it was not a contagious disease. Quarantine should be as carefully maintained concerning the sick as the well. It was certainly wrong to surround those sick with yellow fever with the causes of the disease, in the shape of infected vessels, clothes, &c. Why did not the yellow fever spread at the burning of the Staten Island Hospitals, if persons can communicate it from one to another?

LIEUT. VIELE alluded to the disagreement among the doctors. He had been in yellow fever, had had it, had slept with those sick with it. He moved to commit the resolution to a select committee, to report to the next Convention.

DR. JEFFRIES said there would be no disagreement among the doctors on this point. It was as generally believed that there was no

personal contagion about it as that men shake with the fever and ague.

DR. FRANCIS, of N. Y., had been a devoted student of the behavior of fevers now just fifty years. He had been in every yellow fever epidemic that had visited New York since 1791; had read, to speak modestly and safely, 300 volumes on the subject. As New York was the first to establish Quarantine on what looked to a proper basis, he was sure she would not be the first to abandon it. It has cost millions of money, but all the expense of all her Quarantines was re-imbursed by the immunity it afforded from the plague in 1856 alone. Our mission is to purify and cleanse our city, not to demolish Quarantine. By patient inquiry, we may lessen the oppression of Quarantine. Abolish it, and you lay waste our city, and the poor will have no retreat. He hoped Lieut. Viele's motion would prevail.

DR. A. H. STEVENS had been through four or five yellow fever epidemics, and had seen no case where personal communication had conveyed the disease. He called upon Dr. Francis or any other man present to put his finger on any such case within his own observation. And if no such case can be produced, why not now announce the sentiment of the Convention? Why not give the boon to the public of relief from one of the grievous burdens of Quarantine?

DR. FRANCIS instanced the capricious nature of infection by referring to the fact that persons were often exposed to small pox, and yet escaped the disease.

DR. BELL moved to amend Dr. Stevens' resolution by adding, "*Provided, that fomites of every kind be rigidly restricted.*" Dr. Stevens accepted the amendment.

DR. STERLING (late of the Marine Hospital) stated that it was not the persons, but the clothes of the yellow fever sick, that carried the disease from point to point where the atmosphere was not charged with it.

MAYOR RODMAN wished to know if an infected vessel should come to Providence, and he should, on the authority of this Convention, permit the sick and the exposed to land at once, whether he would be by this Convention held blameless, if so the pestilence should be let loose on the city.

MR. HALLIDAY was not prepared to vote. He was not sufficiently informed, to do so intelligibly. While such venerable medical fathers as Dr. Francis protest against the doctrine of the resolution, he certainly should hesitate to vote for it.

DR. MAURAN, of Providence, favored the resolution.

DR. LA ROCHE, of Philadelphia, was for the resolution.

DR. STORER, of Boston, wished to give the resolution to a committee. He was as strong a non-contagionist as lived, but he thought it premature for this body to announce the doctrine authoritatively.

DR. WOOD, of Philadelphia, was sure that quarantine, as conducted, was doing a great personal injury to those coming from infected districts, in keeping them so long surrounded by the fomites of yellow fever, in quarantine vessels and in hospitals. It injured the port to which they come—it injured commerce. He believed there was no such thing as a personal communicability of yellow fever. Believing this, the medical profession should do its duty and announce its belief. A healthy person, as well as a sick one, would convey the fomites; the danger of infection was not in the person, but in the clothes and baggage. He never knew a case that looked like the communication of the disease by persons to each other; he believed yellow fever to be a specific disease, but no more contagious, personally, than bilious fever.

DR. SNOW, of Providence, said he never detained persons, however infected. He only quarantined the *fomites*.

DR. JEDEDIAH MILLER urged the passage of the resolution, for the sake of educating the people—of assuring them of the innocence of passengers from infected ports or vessels. The Health Officer of Brooklyn, now present, could testify that not a case occurred from the exposure of scores of patients, taken in 1856, and scattered through the Flatbush Hospital.

The previous question being moved, and the roll called, the commitment was refused—ayes 11, nays 61.

On Dr. Stevens' resolution, the vote stood—ayes 85, nays 6—the latter being Dr. J. W. Francis and Mr. S. B. Halliday, of New York; Drs. H. N. Parkhurst and E. P. Nichols, of New Jersey; and Thos. H. Town and W. H. Taylor, of Pennsylvania.

DR. KEMP, from the Committee on Quarantine, reported that, inasmuch as only a minority of the committee was present, they did not feel at liberty to amend the report, which had been recommitted to them for that purpose, but he reported two resolutions, which were adopted. These resolutions reiterate the necessity of continuing quarantine through all

the months of the year, and recommend more careful attention to hygiene on board vessels.

The code of sanitary laws drafted by Dr. Clarke of Boston, was considered, by sections, and adopted—with some amendments, making it more comprehensive.

The Business Committee reported, advising that committees be appointed to report, at the next Convention, on the subjects of Food, City Cleanliness, Architecture, with reference to domiciliary hygiene, and the sale of Drugs and Poisons.

LIEUT. VIELE offered the following, which was adopted:

Whereas, the drainage and sewerage of cities is, of necessity, among the powers and duties of the corporate authorities thereof, and, as a consequence, beyond the control of the private citizens; therefore be it

Resolved, As the sense of this Convention, that the responsibility for all diseases and deaths in cities, caused by defective sewerage or imperfect drainage, rests upon the corporate authorities, and it be earnestly recommended to the civic authorities to investigate, and to provide prompt remedies for the evils arising from these causes.

A motion prevailed to meet again at 10 o'clock on Saturday.

It was announced that the authorities of the city of New York had offered to publish the proceedings of the Convention. The announcement was bravely cheered.

At 4½ o'clock the Convention adjourned to prepare for the dinner given to the delegates by the city corporation. This was a grand affair.

Fourth day.—The Convention met on Saturday morning.

GEN. PROSPER M. WETMORE moved that the Secretary be instructed to furnish the press with the names of the gentlemen who voted on Dr. Stevens' resolution touching "personal quarantine," and that members not present when the vote was taken, be permitted to record their votes upon it. Adopted.

GEN. MATHER offered the following resolution, which was adopted:

Resolved, That a Committee be appointed by the President to inquire and report as to the organization and practical working of the Dispensaries in the cities of this and other States, as to their relation to municipal and domiciliary hygiene.

On motion of MAYOR LINCOLN the Convention determined to hold its next annual session in the city of Boston, June 14th, 1860.

On motion of DR. HARRIS, a committee was appointed to report upon the causes of

malaria, that are properly subject to the control of State and Municipal authorities.

After passing the ordinary complimentary resolutions, the President announced the Committees, and, with a happy sanitary, statistical, complimentary farewell address, declared the Convention adjourned *sine die*.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

FRIDAY EVENING, JANUARY 14TH, 1859.

Dr. Mayburry, (President), in the chair.

Subject for Discussion—DYSENTERY.

DR. L. P. GEBHARD read the following paper:

Writers generally agree that dysentery is an inflammation of the mucous membrane of the intestinal canal: which is in most cases attended with fevers generally accompanied with bloody discharges, tenesmus and pain. The treatment recommended by different authors is very similar; if the pulse is active, and the fever high, bleeding from the arm is recommended. Emetics have been highly lauded. Cathartics are also generally employed, and are considered by all as a *sine qua non* in this disease; to be repeated until free evacuations are produced. The mildest articles of this class have generally been preferred, as being best adapted in these cases; of these, we may mention calomel, castor oil, sulphate of magnesia, seidlitz powders, &c. Calomel has been employed particularly to relieve the portal circulation from any congestion that might exist there, as also to remove any torpor of the liver that might be present.

Diaphoretics are given to divert as much as possible, the internal irritation to the surface of the skin by exciting perspiration. Mercury has also been used as an alternative. Peruvian bark, acetate of lead, opium, acids, sulphate of copper, nuxvomica, &c., &c., have severally been employed more or less in different stages of the disease. Rubefacients and emollient applications to the abdomen, together with enemata of a mild character, and in some instances, even irritating remedies have been resorted to.

Previous to the year 1834, he pursued a similar course, without arriving at a result altogether satisfactory to his own mind. The tenesmus, which uniformly is one of the most prominent symptoms of the disease indicated, he thought clearly, that the *vis medicatrix nature* was making an effort to remove an irritating cause from the bowels, which is the source of the great evil with which we have to contend; the object therefore in view, was to assist nature in her unavailing efforts, by the administration of cathartics sufficiently active to stimulate the

peristaltic motion of the intestines so as to expel effectually all the irritating matters.

This induced him to adopt a more prompt and decided course than had been previously employed by practitioners. The diarrhoea which not unfrequently precedes an attack of dysentery, and which might be considered as sufficient to cleanse out the primæ viæ, without resorting to active treatment, no doubt led physicians to adopt the mild system of treatment in such cases. Such a diarrhoea may, and generally does remove the thinner and more watery portion of the contents of the bowels, and yet not act upon the great mass of feculent matter collected in them, by reason of previous constipation, thus leaving the offending cause untouched. In such cases, regular daily evacuations may occur, much less in quantity than the amount of food taken into the stomach, thereby producing a gradual accumulation in the intestinal canal, which may ordinarily cause little or no inconvenience to the person thus circumstanced, until a sudden check of perspiration from cold, or some indigestible food taken into the stomach, or any other cause may produce a fever, and thus irritate the mucous membrane of the bowels, and this accumulation which had previously remained harmless, becomes the source of irritation to the inflamed mucous surfaces. In all formidable cases that had fallen under his notice, the disease was ushered in by a chill, succeeded by fever; the dysenteric symptoms being consequent upon the fever, and not the fever to the dysenteric attack. The cases we are called upon to attend in private practice, are generally sporadic in their character, and such as are not usually dependent on atmospheric influence.

He then related two cases occurring in 1834 and 1835. On the 22d of July, 1834, he was called to a case of dysentery, a Mrs. M., aged 30 years, of robust frame, and inured to hard work. Two days previously, she had taken indigestible food, such as cucumbers, apples, &c., which soon after brought on looseness of the bowels, pain and tenesmus, for which she took a dose of castor oil. On the evening succeeding, he found her with a violent fever, pain in the bones, and a continuation of the bloody discharges, notwithstanding the free operation of the oil. Ordered—

R. Hydrarg. chlorid. mite gr. xij.

Pulv. aloes, gr. vj.

Pulv. rhei, gr. ij.

Made into pills. To be taken at one dose.

July 23d, the pills had operated several times, the discharges not so bloody or painful, and the fever entirely gone. Ordered ol ricini, fʒss. in a mucilaginous mixture. 24th, the oil has operated, the evacuations much improved, no more blood or

tenesmus, the patient was considered as convalescent.

At the same time, he had another patient similarly affected, to whom the drastic purgative was given, after which, the same kind of feculent matter was discharged. Castor oil was then given, and on the 4th day she was convalescent.

On the 5th of August, 1855, he was called to F. S., æt. 17, and found him with a hot, dry skin, frequent pulse, furred tongue, great thirst, and a continued inclination to evacuate the bowels. The stools were frequent, small, and bloody, attended with violent tenesmus. He complained also of extreme tenderness of the abdomen on the least pressure being made. On the evening previous, he took a dose of castor oil, which operated, without producing any relief. He was ordered—

R. Hydrarg. chlorid. mite, gr. xij.

Pulv. aloes, gr. vj.

“ rhei, gr. iv.

Made into four pills, to be taken at one dose, and followed in five hours by a dose of castor oil, provided they did not operate in such a manner as to produce free evacuations, without blood or tenesmus; directed rice water as a drink, to be taken in moderate quantities throughout the night. On the 6th found him better, fever abated, skin less hot and dry, pulse less frequent, and thirst gone; the tenderness of the abdomen still continued. The pills had operated several times freely without blood or pain. But, as is usual, the bloody discharges reappeared in the morning. Ordered a dose of castor oil, beat up with an equal quantity of the white of an egg, into an emulsion, and the rice water to be continued. In the evening all the symptoms were abating. Ordered, in case of a return, ten drops of laudanum every half hour till relieved.

7th. Much improved, had but one evacuation during the night, and that was bloody. Believing that the offending cause was not entirely removed, and, if left in that state, the same unpleasant symptoms would return with violence, he ordered a repetition of the calomel, aloes and rhubarb as above. This operated in a few hours by the evacuation of a large quantity of dark offensive matter from the bowels, after which there was no return, and the recovery was rapid.

Ever since that period he had treated this disease in the same manner, and with the same success. The advantage of this course of treatment consists in removing the offending cause early in the attack, and thus getting rid of the trouble, perplexity, and all the evils emanating from a long and protracted case. It not unfrequently happens that an effect may continue, even after the cause is removed—so, after the operation of the powerful cathartic men-

tioned, which is calculated to remove the cause, the irritation may still continue; therefore, in order to give rest to the patient, and also to test the real nature of the case, he generally prescribes opium in some form, in small and frequently repeated doses if required, until the irritation is allayed. If, after a period of several hours, this irritation returns, which is evinced by the tenesmus and bloody discharge, the evidence is fair that the cause still exists to a greater or less degree, and requires the repetition of the same remedy, provided the state of the system will admit of it. If the febrile excitement has subsided in such a case, he prefers the employment of castor oil in a mucilaginous mixture. If, after the operation of this article, the irritation again returns, he resorts to opium as above, which gives an opportunity to ascertain if the irritation or tenesmus resulting therefrom, returns more from habit than anything else. If from habit, the patient will be soon relieved; if not, more purgatives will be required, either of a milder or more drastic character, according to circumstances.

It may be considered as a settled principle in such cases, that the sooner the irritating matter is removed from the bowels, the sooner the patient will recover; and the more active the remedies employed in the accomplishment of such an end, the greater will be the gratification of the physician in attendance. Nevertheless, an eye must always be kept upon the state of the system, and the strength of the patient at the time, in order to prescribe safely and understandingly in the case.

Within a few days past he had encountered a similar case, in which he ordered the pills as above, but which did not operate within six hours. The dose was repeated, and removed a large quantity of feculent matter, as in the cases before stated. The fever which existed was thereby relieved, together with the pain, etc., and on the recurrence of the same symptoms on the following day in a mitigated form, a dose of castor oil in emulsion was administered, which, in addition to two or three doses of laudanum, of ten drops each, constituted the whole treatment, so that within four days from the commencement of a violent attack the patient became convalescent, and was enabled to attend to his business as usual.

He remarked that the cathartic referred to as so efficacious in this disease, though it might be drastic in its operation in many diseases, and might be justly considered a drastic in such cases, is, nevertheless, very mild in its operation in the cases to which he referred, not causing, from the time of its being taken to the termination of the evacuations it produces, the least griping or inconvenience to the patient.

[Discussion next week.]

Editorial.

Although we had prepared considerable editorial matter for this number, we cheerfully give place to the very large amount of interesting material with which our pages are filled, necessitating, as our readers will observe, a considerable addition to this week's issue. Nor does this addition enable us to accommodate all our correspondents, for we have on hand several very valuable articles and reports, which are necessarily deferred.

Our arrangements are now perfected for giving a complete weekly periscope of foreign as well as domestic medical literature and news, up to the very latest dates; and the subscribers to the REPORTER will find, that as regards the publication of the most important matters contained in the foreign journals, we shall anticipate most, if not all, our cotemporaries, by several weeks.

We take this opportunity to express our grateful appreciation of the hearty support accorded to our enterprise, by the profession of every section of the country; and to assure our friends that we shall not relax in our efforts to sustain in America a sterling weekly medical periodical, of character and influence. To many friends, we are under obligations for special favors, but we refrain from making a more particular acknowledgment of them.

In conclusion, we would say, to all our readers—do not relax in your disposition, as evidenced in our pages, to report practical, instructive cases, written concisely, yet clearly. They are always welcome. Long articles are not appropriate for our pages, unless there is something of uncommon interest connected with them.

MEDICAL DEPARTMENT OF PENNSYLVANIA COLLEGE.

We learn that the late Faculty of this Institution have retired from the management of its affairs, and tendered their unconditional resignation to the Parent Institution at Gettysburg; and that the Faculty of the Philadelphia College, on their own application to the Board of Trustees, were elected to fill the vacancies

The retiring Faculty carry with them into private life, the affection and confidence of a large body of Alumni and the community generally; whilst the gentlemen who now compose the Faculty have every prospect of continuing the successful career of this well-established College.

We would call the attention of our readers to the advertisement of James W. Queen & Co., the Opticians. Their catalogue of instruments, which have become a necessity to the medical man, is, it will be seen, very extended and attractive. Their microscopes are very extensively used by the profession, and give general satisfaction. Those of our readers who need such instruments, cannot do better than give Queen & Co. a call.

In our next issue we expect to begin the publication of a report of LECTURES ON DISEASES OF THE SKIN, by M. HARDY of Paris, prepared expressly for the REPORTER. These lectures will occupy a portion of our pages weekly for two or three months.

Periscope.

FOREIGN.

From the German, by THEODORE A. DEMMÉ, M. D.

Carcinosis Miliaris Acuta.—In the *Med. Cent. Zeit.* there is a review of an article of Dr. Hermann Demmé, Surgeon to the Hospital and of the College at Berne, Switzerland, upon the above subject.

By carcinosis miliaris acuta, Demmé understands extensive deposition of minute cancerous granulations, varying in size from that of a hemp seed to that of a pea, which suddenly and rapidly takes place upon the surface and in the parenchyma of the various internal organs.

To Rokitansky the credit is due of being the first to direct attention to this variety of carcinoma. From seven cases of this form of disease, which have occurred in the practice of Dr. D., the following anatomico-pathological conclusions are drawn:—Carcinosis mil. ac. appears in the form of yellowish grey, whitish or redish, sometimes transparent granulations of the size before mentioned; the consistence varying from scirrhus hardness to medullary softness. The deposition may occur disseminated, or so aggregated that the part may be said to be infiltrated. In the majority of cases a local cancerous affec-

tion preceded and coexisted with the miliary carcinoma. No internal organ seems to possess an immunity against this pathological formation, though Demmé has never seen it in the bony, tendinous and horny tissues, nor upon the external surface of the body. The pleura is most frequently affected. Microscopic investigation proves that the granulations have the characteristics of encephaloid cancer; this is the case, even when the local affection is of a scirrhus nature.

The symptoms which invariably occurred at the time of the miliary deposition were, intense febrile excitement, pulse rapidly rising to 120-135, which frequency was maintained without any perceptible intermission; great prostration, ending often in a complete typhoid adynamia; symptoms of inflammation of the organ affected occupied the foreground; the peculiar cancer physiognomy, if not apparent before, becomes marked; the entire system seems to stagger beneath the blow, and soon succumbs to the disease.

Direction of the Ciliary Motion.—Although numerous observations have been made during the last few years in regard to ciliary motion, great uncertainty nevertheless remains in regard to the direction of the same. The mucous membrane of the air passages has been an object of particular interest as regards the ciliary motion, and yet Purkinje and Valentin, in spite of numerous and careful experiments, have not been able to arrive at any satisfactory conclusion. Valentin says that the direction of the motion varies. Sharpey, on the other hand, asserts that the ciliary processes always move in one determinate direction, and as regards the respiratory mucous tract, in mammalia, from the bronchioles, upwards, towards the larynx. In birds the reverse motion obtains.

In the *Deutsche Klinik* for January, 1859, Dr. Ritter remarks that he was induced, in consequence of the opposite conclusions arrived at, to make a new series of observations. He agrees with Sharpey as regards the direction of the current in mammalia, but asserts that it is the same in birds; the direction never varied. We are inclined to give credence to the statement of Ritter, from the fact that instead of expecting to ascertain the direction of the current from the motion of coarse particles, pulverized charcoal, &c., he invariably moistened the specimen under the microscope with the fresh blood of the frog; the large corpuscles of the frog rendered its blood pecu-

liarily suitable to the purpose. Upon placing a longitudinal strip of the mucous membrane upon the stage, carefully remembering the exact position that the strip occupied in the mucous membrane, the blood corpuscles are at once seen dancing to and fro, and steadily moving in the direction above mentioned.

A New Muscle.—Prof. Budge, (*ibid.*) in the dissection of the muscles of the human eye, noticed a muscular fasciculus, which, separating from the *M. levator palpebræ*, proceeded inwards, dividing into two portions, each of which ended in a tendon, and were inserted into the trochlea. Further investigation was made upon 13 eyes, with the following result: In one case the muscle was absent; in the remaining twelve it was invariably present, although in some cases very thin and attenuated. Of the thirteen eyes, three were from new-born children, and in each the muscle was very evident; six from females, in three of which the muscle was strongly developed, in two was merely perceptible, and in one was absent; four from males, in two very marked, and in the other two consisted of a tendinous cord. To this muscle B. gives the name *tensor trochleæ*, from the necessary action thereof. It is possible that it may have some effect upon the direction of action of the *M. obliquus superior*.

[From the German, by L. ELSBERG, M. D., of N. Y.]

Dr. Th. Clemens, of Frankfort-on-the-Main, continues and concludes, in the last numbers of the "*Deutsche Klinik*," the able exposition of the superior tonic, alterative and solvent properties of his solution of arseniated bromide of potassium. Our space at present excludes more than the mere reference to his highly interesting and instructive cases.

Dr. Clemens' method of cauterization of the urethra, by introduction of a bougie anointed with a solution of argent nit. ʒj, in pure glycerine f3j, we can, from experience, very highly recommend in the treatment of the most obstinate cases of chronic gonorrhœa and gleet.

Diagnosis of Gluteal Aneurism.—Dr. E. Blasius, of Halle, calls attention to "a peculiar pain in gluteal aneurisms," of importance in the diagnosis of their existence and seat. In aneurism of the *arteria glutea inferior* (ischiatrici), on strong and persistent

pressure being made in the affected region, there occurs at the moment of discontinuing the compression (i. e. the moment of re-engorgement,) a violent pain along the ischiatic nerve "pathognomonic of the disease."

Glaucoma and Iridectomy.—Glaucoma is defined by Prof. E. Jäger, (*österreich. Zeitschr. f. prakt. Heilkunde*), "that diseased condition of the eye in which, with or without inflammatory phenomena, there are present besides the generally understood symptoms, those of excavation of the optic nerve." In relation to the latter he mentions principally the variously blue or gray-green coloration and vesicular appearance, the gradual paling, apparent displacement and gradual disappearance of the vessels, and the more or less distinct yellowish annulus in the neighboring choroid membrane. Arterial pulsation, Jäger regards valueless in the diagnosis, because it may be present in other states of the eye. The cause of what he calls "excavation," he thinks must be sought in a diminution of the power of resistance of the tissues caused by local affection; the essential nature of glaucoma is therefore distinct from the affection of the optic nerve, and the views of the older pathologists who believed in a specific affection of the *ophthalmia arthritica*, might well be revived and studied. To separate from glaucoma some cases under the designation of "amaurosis with change in the optic nerve," is according to Jäger, improper, since, with the exception of the symptoms in the choroideal nutritive sphere, there are cases of glaucoma, being developed under the same constitutional circumstances, and in patients of the same age, and after some years finally terminating as glaucoma.

But the results of the iridectomy on account of glaucoma, performed by Jäger, do not by any means justify the great confidence but so lately placed in this "curative method." His cases constitute the greatest number of reliable cases on record, and the operation was hardly of any real benefit, except in very acute glaucoma, the *ophthalmia arthritica* proper, and the favorable success of the operation on one eye, did not prevent the occurrence of the disease in the other.

Hernia; Strangulation of.—(See REPORTER, p. 65.) Prof. Roser, in the *Archiv. f. Physiol. Heilkunde*, 1859, ascribes the oft-remarked hardness of the tumor of strangulated hernia to an incarceration of the contents

of the protruded knuckle of intestine, produced by a valvate formation of folds of the latter, near the stricture. According to his views there are three conditions of strangulation:

1. The ordinary hernial strangulation, in which valvular incarceration occurs;

2. Incarceration without strangulation proper;

3. Strangulation of the empty gut; viz:

(1). In the first, valvular incarceration combines with venous stagnation. The passage of the feces from the protruded portion of intestine as well as the circulation in the part, are therefore interrupted.

(2). But valve-incarceration may occur without strangulation. There are cases of hernia with tympanitic sounding protrusions, that cannot be emptied, and are irreducible, yet with no symptoms of strangulation. Such intestinal tumors are often very tightly filled, hard to the touch, and the contents of the gut cannot be restored to the abdomen, but on compression, seem to impinge against the hernial ring. This phenomenon is explained by the assumption of valves. Reduction often occurs spontaneously, or after the employment of enemata, and purges, as tinct. colocynth.

(3). In cases of strangulation of the empty gut, the valve action under discussion, is absent, but may well occur after the exudation of serum into the intestine. The strangulation is often caused by enlargement of the intestine alone, in consequence of the venous stagnation. The symptoms here are violent; taxis is hardly ever successful, and the knife must be early resorted to.

Military Ophthalmia.—The celebrated Dr. Vlemineckx, in a very logical, argumentative address before the "Belgian Academy of Medicine," proved positively the incorrectness of the view that had lately been gaining ground rapidly, that the "ophthalmia of the army" is a specific disease. We find his brilliant address reported in the *Presse Médicale*, *Belye* 1859. He proves "military ophthalmia" to be only a simple syndermitis, as observed in every inflammation of mucous membrane. The so-called virus, the presumed contagious muco-pus, is only a simple irritant which may produce inflamed states of the mucous membrane, with which it is brought in contact; not by peculiarly virulent but simply irritant properties, however. Simple bronchitis might as well be said to be caused by a peculiar bronchial virus. Against the assumption of so-

called *latent granulation*, Dr. V. spoke as strongly, saying that "this unfortunate hypothesis has caused the world many victims, and still calls for more."

Modus operandi of Chloroform.—Dr. F. Piossek read before the Physiological Society of Greisswald, an account of experiments with chloroform, made under the direction of Prof. Hunefeld, which seem to establish the following conclusions as to the *modus operandi* of chloroform, beyond a doubt:

Chloroform produces anæsthesia by abstracting from the blood some of the *oxygen* necessary to the continuance of the organic processes, thus causing *impaired nutrition* of the central organs and nerves; hence the insensibility of the sensory, and the relaxation of the motory nerves.

The oxygen of the blood probably combines with the carbon (liberated by the decomposition of the chloroform) to form carbonic acid, while the chlorine and water of the chloroform probably form hydrochloric acid, &c. Into what combinations this hydrochloric acid may then enter with the ingredients of the blood, is as yet unknown.

The other anæsthetics, ether, amylene, &c., act similarly, and their *modus operandi* may be compared to the narcotizing or asphyxiating action of carbonic acid on nitrous oxide.

Influence of posture on tympanitic percussion sound.—Dr. C. Gerhardt, of Trilingen, relates in a late number of "*Deutsche Klinik*," that he noticed in a phthisical patient, aged 62 years, extremely emaciated, together with auscultatory signs indicating a large cavity,—a rather full, clear, strongly tympanitic sound on percussion under the left clavicle, the pitch of which remained unchanged whether the mouth was open or closed,* but became very perceptibly higher when the patient sat up. The inference necessarily was that the cavity must contain air and liquid, its greatest diameter must be in the long diameter of the body, and hence the greatest length of the space filled with air must, in consequence of the change in the position of the liquid in the sitting or standing posture, be diminished. Thus the higher tympanitic sound would be pro-

duced, on the patient's rising from the horizontal position in bed; since the pitch of a sound increases with the diminution of the longest diameter of the body of air vibrating. The observation thus accidentally made, was frequently repeated, and the inference verified on post mortem examinations. Dr. G. then extended his investigations to a great number of healthy as well as tuberculous persons, until he arrived at the following conclusions:

1. The tympanitic cavernous sound may become higher or lower, in the erect or sitting posture, than in the horizontal; which variation in pitch depends in all probability upon change in position of liquid in the cavity, and may become of great importance in diagnosis.

2. The not-tympanitic sound of the lung in the vicinity of the liver, is higher in the erect than in the horizontal posture.

3. The difference in sound may, in persons with lean and slender thorax, be detected sometimes up to the clavicular region.

Treatment of Heart Disease.—That the treatment of chronic organic diseases of the heart is one of the most difficult subjects presented to the practitioner, every one may admit, and it can therefore not be out of place to repeat some of the points of a communication on this subject to the *Wiener Med. Wochenschr.*, by so great an authority as *Prof. H. Lebert*, of *Zürich*. "First and foremost" he begs not to use abstraction of blood, strong purges, and all weakening methods, without a great deal of care and caution. Blood-letting he rarely employs in valvular disease. If in its course an acute inflaming complication, or pericarditis or endocarditis sets in, cups or leeches, extracting not more than 6 ozs., may frequently be of benefit; and if in spite of their employment, active measures are still necessary, he recommends a large fly-blister, with daily endermic application of morphia, ($\frac{1}{2}$ grain.) What Prof. L. says about digitalis we omit, because generally known. Of aconite he says "less heroic and active than digitalis, especially not decreasing the pulse as decidedly, it is nevertheless a remedy able considerably to quiet the dyspnoea, palpitation, the many subjective symptoms of the patient, and even the stormy cardiac excitement."

An important point is the gradually developed cachexia and exhaustion of strength of the patient.

Lebert has for many years been in the habit of accurately examining the state of the muscle of disordered hearts, with a view to discover

* *Wintrich* directs attention to the difference of the tympanitic percussion sound observed over cavernous lungs, on opening and shutting the mouth, in *Virchow's Handbook of Pathology and Therapeutics*, vol. v. div. i. p. 20.

how far the steady decrease of functional power is due to the change locally, and in the muscular fibre itself. It results from these examinations, that very frequently fatty degeneration of the primary cylindroids of the cardiac muscle absolutely exists in some degree, even where its color and consistence would not lead us to think so.

The better patients with heart disease are fed, (of course avoiding everything exciting,) the longer can they resist the disease. Moderate animal diet is therefore to be recommended in conjunction with the vegetables. Tea, coffee, alcoholica, as well as wine in large quantity, must be strictly prohibited. Cocoa, or infusion or decoction of acorns may be taken for breakfast; a light beer, a small quantity of good old wine mixed with water may be allowed at dinner. Particularly in the later anemic cachectic stages a more analeptic diet, and the use of iron is necessary. Lebert strongly recommends the *fer. hydrogen. reductum*, gr. ij., at each meal; or else *tinct. ferri pomati*, gtt. xx to xxv, under suitable circumstances, mixed with equal parts of *tinct. aconite*. The tartrate of iron and potassa (gr. ij., v. f. d.) is also mentioned, since change of preparations becomes necessary in the continued use of iron.

Of the application of vesicants, setons and moxa, Lebert has never seen any great good come in chronic organic diseases of the heart.

Tumors on the Head of the New-born.—In the second number of vol. ii. of the "*Wiener Jahrb. der Kinderheilkunde*," we find a very able dissertation, by the celebrated Dr. Bokii, of Pesth, "on the differential diagnosis of certain tumors on the head of new-born children," which at present we can hardly do more than announce, with our best commendations. Dr. B. mentions as the more important to distinguish from cephalæmatoma or thrombus, an effusion of blood between the pericranium and the external table, a case of which gave rise to his dissertation. *Caput succedaneum*, or "swelling of the head," produced during birth, and consisting of either a purely serous infiltration or effusion mixed with blood into the scalp and subcutaneous areolar tissue; encephalocele, or hernia of the brain; hydropcephalocele, in which there is a fissure of the cranium, the scalp forming a hernial sac, containing a large quantity of serous fluid with the brain; fungus duræ matris, a canceroid formation on the dura mater, etc., etc.

AMERICAN.

Medical Specialties.—The readers of the REPORTER know that it has never been an advocate of the practice of specialties. The following well-timed remarks on the subject are taken from an article which we find in the *Peninsular and Independent Medical Journal*:

"There is no man who knows so little of the correct treatment of the human eye as the professed oculist. There is, in like manner, no man so deplorably ignorant of the human ear as the "aurist." There is no man so dangerous to the integrity of the human windpipe and its appurtenances as the "throat man." There is no man so prolific in mischief to the fairer portion of the race as he who displays, as the peculiar badges of his ministry, the speculum, the *porte caustique*, the sound, and the multifarious pessary.

And the catalogue might be extended indefinitely. A large proportion of this unmitigable quackery has grown up insidiously within the very sheepfold of the profession. The magnates have eaten of it to their own rejoicing of pocket, and the tender lambs of the flock nibble assiduously at the promising grain, being fully persuaded that they shall thereby be enabled to wax fat, and, in their turn, kick lustily at all "irregulars"—outside the pale *delicium vitianum*.

Whatever excuse might have formerly been afforded for an attempt at division of labor in the practice of medicine, however attractive seems the opportunity, the great light which has of late years been thrown upon the intimate relation existing between the most remote parts of the human body, now utterly dispels the illusion. No man who understands the full import of comparatively recent discoveries can now fail to see that the attempt to separate treatment of any single part of the body from a complete knowledge of the method of treating the whole, however diseased, is like a man's attempting to light a single burner when the whole supply pipe is shut off at the meter. It may burn a little, a timid, flickering ray or two, enough to show how dark the surroundings are, but speedily it is gone—precisely as the traveling specialists do, burning out the supply in their little pipes, and then, the places which have once known them know them no more forever.

It is to be feared that much of this tolerance of specialism has grown out of sheer indolence. Acquaintance with what inquirers in special

departments of medical science have brought to light is imperatively necessary to the conscientious medical practitioner, and it is quite a relief to have some prophesiers of smooth things say that it is better to devote attention to what observers in one department only bring forward. But he only is a reliable practitioner who has drawn from every well at whose bottom Truth is—who has thoroughly grounded himself in the lore of experience, and the wisdom of research in all science.

This idea is not novel—it is as old as Bacon. 'In particular sciences, we see, that if men fall to subdivide their labors, as to be an oculist in physic, or to be perfect in some one title of the law or the like, they may prove ready and subtle, but not deep or sufficient, no, not in that subject which they do particularly attend, because of that consent which it hath with the rest.' . . . 'I mean not that use which one science hath of another for ornament or help in practice, but I mean it directly of that use by way of supply of light and information, which the particulars and instances of one science do yield and present for the framing or correcting of the axioms of another science in their very truth and notion.'

Refer now to the flood of light which is being thrown upon the connection of remote parts of the human body, by the ingenious application of the newly-discovered laws of nervous action, to the elucidation of previously occult phenomena. The physiology of metastasis, now as clearly discoverable as the physiology of digestion. The epilepsy supplanting the disease which long baffled the 'kin man.' The phthisis, which rewarded the efforts of the 'os uteri man.' The diabetes, which puzzled the 'liver man,' and so forth, and so on, to the end of the categories."

Medical News.

Phosphornecrosis.—We had recently, through the attention of Dr. J. R. Wood, of the Bellevue Hospital, New York, an opportunity of seeing a remarkable case of extensive necrosis of the facial bones, in a young woman, produced by exposure to the fumes of phosphorus in a match factory. The inferior and superior maxillæ had been a long time previously removed, and we witnessed the removal of the entire malar bone of the left side. In these operations the periosteum had been carefully allowed to remain, and in the place of the lower jaw, a firm rim of bone has formed, which will, to some extent, aid in mastication.

Two mesmeric professors at Turin, who advertised to cure all diseases by mesmerism, have been tried, convicted and imprisoned. One of them endeavored, in court, to mesmerize his own counsel, but failed, amidst the laughter of the audience.

The summer season is just beginning at Paris, and we notice that no less than four professors are this year authorized to put substitutes into their respective chairs. The favor has probably been granted on the plea of age and ill health. Professorships are not liable to the same limitation of age as posts in hospitals; the latter, as is well known, must be given up at sixty. The professors alluded to are—Moreau, (Midwifery); Dumeril, (Medicine); Adelon, (Forensic Medicine); Rostan, (Clinical Medicine at Hôtel Dieu). The substitutes are Pajot, Becquerel, Tardieu, Noël Gueneau de Mussy.—*Lancet*.

M. Melsens has recently proved by a series of experiments, that *nicotia*, like strychnia, can be chemically detected in the human body long after death. The process of putrefaction is insufficient to destroy it, and it will remain to testify against crime.

MARRIAGES.

MARSHALL—BOSTWICK.—On the evening of the 20th of April, 1859, by Rev. Geo. W. Timlow, Benj. F. Marshall, M. D., of Beardstown, Cass Co., Ill., to Hattie E., eldest daughter of J. C. Bostwick, Esq., of New Lebanon, N. Y.

UPSHUR—BOYER.—In All Hallows church, Snow Hill, Md., on the 27th of April, by Rev. C. M. Parkman, Dr. Geo. M. Upshur to Sophia, eldest daughter of the late Dr. Boyer, all of Worcester Co., Md.

DEATHS.

ACKLEY.—In Cleveland, Ohio, April 24th, H. A. Ackley, M. D., aged 49. Dr. Ackley was well known as a surgeon of ability, and was, formerly, we believe, a professor of surgery in one of the Western colleges.

BOND.—In this city, May 4th, Henry Bond, M. D., in the 70th year of his age.

GLOVER.—On the 9th of April, Dr. R. M. Glover, of Newcastle, England. As a philosophic, practical chemist, Dr. Glover was well known, particularly with regard to his original investigations of the properties of chloroform. It is remarkable that this very article was the cause of his death. He had, owing to bodily suffering and pecuniary difficulties, resorted to taking narcotics and stimulants. Several doses of chloroform, taken at short intervals, led to coma and death. The coroner's jury came to the conclusion that it was not taken with the object of committing suicide, but of obtaining a temporary oblivion of suffering.

ADVERTISEMENTS.

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

This Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession.—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 *in advance*; single copies, *ten cents*. THE REPORTER will only be sent to those who pay for it. *Notice will be given to subscribers at the termination of their subscriptions* Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc, are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D., } Editors.
R. J. LEVIS, M. D., }

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago.

Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are *ten volumes*, and they contain a very large amount of practical information, besides a large number of *steel engraved portraits* of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

J. M. MIGEOD,

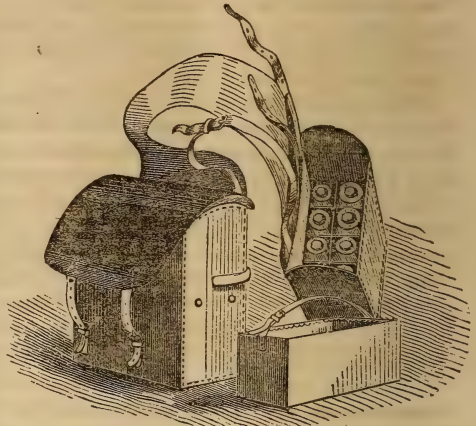
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley),

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " "	\$9 50
No. 2, containing	10 1 oz. " " " "	and 8 50
	10 1/2 oz. " " " "	
No. 3, containing	8 1 oz. " " " "	and 7 50
	8 1/2 oz. " " " "	

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " " "	18 1/2 oz. " " " "	
" " " "	4 Pots, " " " "	and \$19 00
" " " "	1 Mortar, " " " "	
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " " "	14 1/2 oz. " " " "	
" " " "	4 Pots, " " " "	and \$15 50
" " " "	1 Mortar, " " " "	
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " " "	10 1/2 oz. " " " "	and \$12 00
" " " "	4 Pots, " " " "	
No. 4, containing	20 1/2 oz. Ground Stop. Bottles and	\$8 50
" " " "	2 Pots, " " " "	
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop. Bottles,	
" " " "	18 1 oz. " " " "	
" " " "	18 1/2 oz. " " " "	
" " " "	4 Pots, " " " "	and \$20 00
" " " "	1 Mortar, " " " "	
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " " "	14 1 oz. " " " "	
" " " "	14 1/2 oz. " " " "	
" " " "	4 Pots, " " " "	and \$16 50
" " " "	1 Mortar, " " " "	
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " " "	14 1/2 oz. " " " "	and \$13 00
" " " "	4 Pots, " " " "	



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequalled "Artificial Legs"*. After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

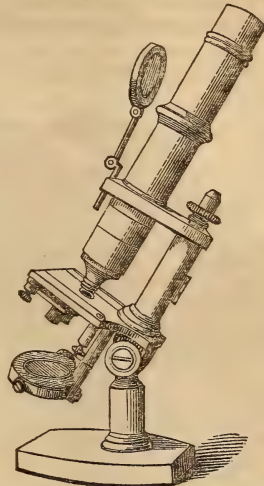
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Uri nometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

JAMES W. QUEEN & CO, OPTICIANS,
123—1y, 924 Chestnut St, near Tenth, Phila

PHILADELPHIA SURGEONS' BANDAGE

INSTITUTE,

(PATRONIZED BY THE MEDICAL FACULTY.)

No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126 y.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin Square. Artificial Teeth in entire or partial sets; Obturators, Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

127

ADVERTISEMENTS.

NATHAN STARKEY,

MANUFACTURER OF

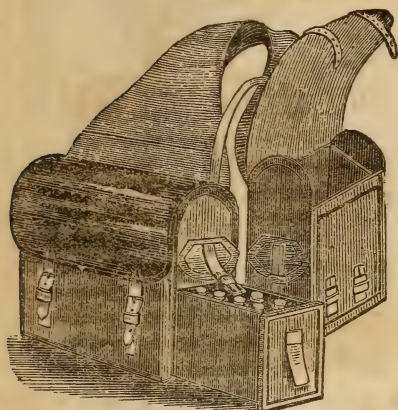
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11, " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 46 " " 4 " "	19 00
No. 3, " 48 " " 4 " "	17 50
No. 4, " 57 " " 4 " "	13 50
No. 5, " 32 " " 4 " "	12 50
No. 6, " 27 " " 4 " "	10 50
No. 7, " 20 " " " "	8 50
No. 8, " 15 " " " "	6 50
No. 9, " 14 " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish. 118

J. H. GEMRIG,

No. 100 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 119

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses and within one square of a Passenger Railway,).

PHILADELPHIA.

This institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M. D.

Consulting Physician,—PROF. SAMUEL JACKSON, M. D.

Application for admission may be made to the Attending Physician daily, (Sundays excepted,) from 11 to 12 o'clock. Applications in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, Sec'y,

No. 107, t. f.

Box 1738, Philadelphia P. O.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,
32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.

Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.

H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.

Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.

Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.

S. Littell, M. D., Surgeon Will's Hospital.

E. Hartshorne, M. D., " "

A. Hewson, M. D., " "

D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.

R. J. Lewis, M. D., " "

Isaac Hays, M. D., " "

P. B. Goddard, M. D., " "

PROSPECTUS OF THE MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
 2. Original Communications;
 3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
 4. Reports of papers read, and discussions had before Medical Societies;
 5. Brief Reviews and Notices of Books;
 6. Editorials;
 7. Correspondence;
 8. A Weekly Domestic and Foreign Periscope;
 9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.
- Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 in advance; single copies, ten cents. THE REPORTER will only be sent to those who pay for it. Notice will be given to subscribers at the termination of their subscriptions. Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

R. W. BUTLER, M. D., } Editors.
S. J. LEVIE, M. D., }

Single copies can be obtained and subscriptions made, at Lindsay & Blackiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and steel engraved portraits of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago.

Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are ten volumes, and they contain a very large amount of practical information, besides a large number of steel engraved portraits of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

J. M. MIGEOD,

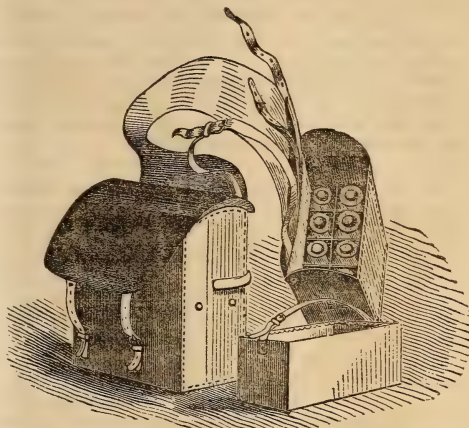
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " and	\$9 50
No. 2, containing	10 1 oz. " " " and	8 50
	10 1/2 oz. " " " and	
No. 3, containing	8 1 oz. " " " and	7 50
	8 1/2 oz. " " " and	

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russel Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " " and	
" " "	4 Pots, " " " and	\$19 00
" " "	1 Mortar, " " " and	
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " and	
" " "	4 Pots, " " " and	\$15 50
" " "	1 Mortar, " " " and	
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " " and	
" " "	4 Pots, " " " and	\$12 00
No. 4, containing	20 1 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " " and	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russel Bridle Leather.

No. 1, containing	9 1 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " " and	
" " "	18 1/2 oz. " " " and	
" " "	4 Pots, " " " and	\$29 00
" " "	1 Mortar, " " " and	
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " " and	
" " "	14 1/2 oz. " " " and	\$16 50
" " "	4 Pots, " " " and	
" " "	1 Mortar, " " " and	
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1 1/2 oz. " " " and	\$13 00
" " "	4 Pots, " " " and	126 y



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary award^s from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, Dec. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,
ABDOMINAL SUPPORTERS,
Shoulder Braces,
LACE AND ELASTIC STOCKINGS,
SPINAL APPARATUS,
AND INSTRUMENTS FOR ALL DEFORMITIES.

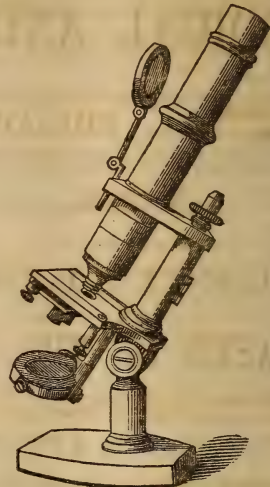
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Uriometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA SURGEONS' BANDAGE INSTITUTE,

(PATRONIZED BY THE MEDICAL FACULTY.)
No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequaled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (without lacing), unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett 126-y.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin J. Square. Artificial Teeth in entire or partial sets; Obturators, Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

127

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 134.

PHILADELPHIA, MAY 14, 1859.

{ NEW SERIES,
{ VOL. II. NO. 7.

Lectures.

LECTURES
ON
DISEASES OF THE SKIN.

By M. HARDY, one of the Physicians to the Hôpital St. Louis, Paris, (special hospital for diseases of the skin.)

By R. BOLLING, M. D., of Philadelphia.

In commencing the study of diseases of the skin, one is struck, first of all, by the great number of these affections and their infinite variety. Nevertheless, in the midst of this apparent confusion, there are common characters conspicuous, which serve as a point of departure, from which to group their affections after their resemblances or dissemblances. Among these common characters are, first, the forms of eruption, well marked and recognizable in different cases. These forms are particularly well marked in the commencement of the disease. They appear then with well-defined characters, which allow us to recognize and give to them a particular name.

These are called elementary lesions—the development, evolution and *mélange* of which, constitute the varied aspects of cutaneous affections. It is important to become familiar with these lesions, for they are of importance in making out a diagnosis. They have been well studied by Plenck, and more recently and thoroughly by Willan and his school. There are eleven elementary or primordial lesions.

I. MACULES.—*Maculæ*.—They consist in an alteration of the pigmentary matter, either a deficiency or an excess which form spots, either flat or raised, of varied color, persistent and not susceptible of disappearance under

pressure of the finger. These spots are very tenacious, and preserve always the same appearance—not changing, as do other elementary lesions.

They constitute rather deformities of the skin, than true disease, and are most often beyond the reach of science, as lentigo, vitiligo, ephelides, albinism, &c.

II. EXANTHEMATÆ—Consist of a diffused redness of a variable extent. This redness disappears momentarily under pressure, returning as soon as the finger is removed. The color presents several degrees of intensity, and goes on diminishing from its apparition to its final resolution. In disappearing, a desquamation supervenes, which differs, however, by its duration, from the scaly or squamous affections. In these latter, the epidermis dries and exfoliates incessantly, whilst in the exanthematæ the exfoliation takes place only once, and often at the expense of the epidermis; but the epidermis, which is formed anew, in no condition or duration is detached.

Erysipelas, measles, scarlet fever, erythema, urticaria, etc., offer us examples of the exanthematæ. It has been thought that the exanthematæ were caused by a lesion in the capillary circulation of the skin, and that the redness was the result of a congestion. This does seem probable enough.

III. VESICLES.—*Vesiculæ*.—Which are little acuminate elevations, transparent, of the size of the point, or at most, the head, of a pin, due to the raising up of the epidermis, and its distension by a clear, transparent and limpid serum.

These vesicles have different modes of termination; in the one case, the liquid is absorbed, the raised epidermis disappears, and in

the place of the vesicle, there remains nothing but a little yellowish spot, which disappears of itself in a short time.

In another, the vesicle breaks, the epidermis tears, and the serous liquid that it contained escapes; this liquid, although clear and limpid, is nevertheless very plastic, and it concretes in the form of crusts or scabs, which may renew themselves several times. If these scabs or crusts are prematurely detached by topical applications or otherwise, we find underneath them, superficial ulcers; or again, the vesicles may augment in size, the serum change into pus, and there results a veritable pustule. Vesicles are the ordinary elementary lesion of eczema, and some have wished to explain the formation of vesicles, by inflammation of the sudorific ducts, but the author of this theory, M. Cazenave, has brought up no anatomical proof to support this view; therefore it remains a simple hypothesis—of very little plausibility.

There exists everywhere among the medical profession too great a tendency to substitute hypothesis and theory for dissections and microscopical research. In practical medicine, it is better to avow one's ignorance on a point, than attempt to hide it by an hypothesis without foundation.

IV. BULLÆ—Are, properly speaking, nothing more than exaggerated vesicles; they consist in an extensive elevation of the epidermis—from the size of a hazel nut to that of a walnut, or even an egg, containing, likewise, a serous liquid. Like vesicles, these bullæ can terminate by absorption of the liquid—by ulceration or by transformation of the liquid into pus. In the same way that vesicles have been considered the result of inflammation of the extremities of the sudorific ducts, M. Cazenave and his school have looked upon the bullæ as dependent upon an inflammation of a large number of these ducts. Pemphigus is the type of the bullæ.

V. PUSTULÆ.—*Pustules*.—Little roundish tumors or elevations, formed by a raising up of the epidermis, by pus. Absorption is more rare in the case of pustules. They generally break, and the liquid concretes, forming yellow or brownish and thick crusts, which cover a

roundish ulceration. Sometimes the ulcerations are small, approaching one another or confluent, as in impetigo—they are then called *psudracia*; sometimes, on the contrary, large and much inflamed, isolated and distinct, as in ecthyma—then they are called *phlyzacia*.

Pustules are found then in impetigo, acne, ecthyma, varioloid, &c. The anatomical school wished to attribute the formation of pustules to an inflammation of the sebaceous follicles. It is possible that certain pustules, as those of acne, are dependent upon an inflammation of these follicles; but it would be going much beyond proven facts, to wish to generalize and attribute the formation of all pustules to follicular inflammation. To disprove this, it is only necessary to cite ecthyma, which is often observed on those parts where the existence of sebaceous follicles is denied by the anatomists, as in the palm of the hand.

VI. PAPULÆ—PAPULES.—The 6th of the elementary lesions. They are little elevations, firm and acuminate, containing no liquid, but capable of secreting it, when the summit of these little papules have been excoriated by the nails or otherwise. *Strophulus*, *lichen*, *prurigo*, are examples. Papules have been considered by some as an affection of the nervous papillæ of the skin, on account of the accompanying itching; but in the absence of evident lesions of the papillæ, as recognized by dissections and the microscope, it is hard to convince oneself. The simple consideration of the itching does not suffice, for this symptom exists to a degree more marked even, in other affections not papulous; in eczema, for example, *it is often intense*.

VII. SQUAMÆ—*Scaly*, or *Squamous* affections, consist in an alteration of the nutrition of the epidermis, and are characterized by dry lamellæ of white or grayish scales, sometimes small, thin, and furfuraceous, as in pityriasis; sometimes large, thick, and overlapping one another, of a dirty white color, as in *psoriasis*.

Without fear, we can locate these scales in the epidermis.

VIII. TUBERCULÆ.—Tubercles, the eighth in order of the elementary lesions; they are rather inappropriately named, on account of the

ordinary pathological signification of the term. Many other names have been proposed. Tubercles are little globular tumors, hard or soft, appearing to be formed in the deeper layers of the derm. Sometimes they diminish little by little, by an insensible absorption, and thus disappear; then again they soften, ulcerate, and give rise to a loss of substance, both deep and extensive.

The eight preceding elementary lesions are the ones usually admitted, and constitute the classic elementary lesions described by Willan, Bateman, Biett, and his disciples. We believe that three more should be added, viz :—

IX. *Hæmorrhagic Spots*.—These consist in an effusion of blood from various causes in the tissue itself of the skin, forming red, violet, or such like spots, which do not disappear under pressure. Purpura is an example.

X. *The Altered Product of the Sebaceous Secretion*, which presents itself, it may be under the form of an oil spread over the surface, called by the French "*Acné sébacée fluente*," or else under the form of concretions.

XI. In the eleventh and last class we arrange all the parasitical affections, vegetable or animal, (the acarus of itch, achorion of favus "*porrigo*," trichophiton of herpes tonsurans, syccosis, &c.,) in addition to the special character which the microscope enables us to recognize in each one of these parasites, the affections which are the result of them, also have forms, appearances and characteristics, which enable us to distinguish between them individually, and not confound them with other diseases of the skin.

We have now presented a tableau of all the elementary lesions, and, under one or the other of them, all the varied skin diseases may be classified. We repeat now, that the evolution and mélange of these initial lesions constitute the different varieties of cutaneous affections. In the commencing stage of the disease it is ordinarily easy to recognize the initial lesion, but later this is very difficult, and often impossible. The changing and intermingling of one or more of those elementary lesions constitute what, in the happy language of M. Devergie, he calls composite diseases. These

composite forms are frequent in practice; the most common is eczema and impetigo.

This work of analysis, to which we have been devoting ourselves for the purpose of studying better the cutaneous affections, does not suffice, and does not convey a correct idea of this class of diseases. We will now look at our subject in a point of view altogether opposite. We will consider the affections of the skin in their *ensemble*, in order to arrange and classify them. This classification is indispensable, and its want with ancient authors is the cause of the obscurity which has existed for so long a time in the study of cutaneous pathology. The diseases were described without order, their name not well defined, the same name being often given to very different affections, and like affections, bearing often different names.

The classification and nomenclature of diseases of the skin is of recent date, and it was from the beginning of the attempt to classify that we commenced to understand better these affections, or what it would be more proper to say, it was after careful observation that it was first thought of classifying them. This manner of considering diseases of the skin in their ensemble, and as a basis of classification, has always been differently regarded by the different authors who have studied the subject. One of the first attempts towards a classification was by Turner in 1714. His idea was to classify cutaneous affections by dividing them into two great classes: 1st. Diseases of the scalp, or teignes; 2d. Diseases of the surface of the body, or dartres.

In France, among the people, there exists to this day a decided trace of this classification, for every disease of the scalp is for them a *teigne*, and every disease on the surface of the body a *dartre*. Later, in 1776, Plenck, a physician of Vienna, attaching an importance to the exterior aspect of diseases of the skin, divided them into 14 groups, but he was wrong in taking for a basis of his classification those alterations which are not all distinct lesions, and some of which are products only, phases of another lesion, as scabs; ulcerations, which are but the products of an inflammation

arrived at a certain degree. Nevertheless this classification, based on an analysis better made of the alterations observed on the diseased skin, ought to be considered as a progression, and be regarded as the true commencement of an anatomical classification. In 1777 M. Lorry, in France, attempted a classification of cutaneous diseases after the presumed nature of these affections. He divided them into diseases of the skin arising from an internal cause, and diseases from an external. Plenck ought to be regarded as the originator of the anatomical classification, and Lorry the author of a classification based on the nature of the disease. At the commencement of this century, Willan, physician to a dispensary of London, called anew the public attention to diseases of the skin, and he described with care the initial lesions of these affections, and proposed finally a methodical classification, which, like that of Plenck, was based entirely on the forms of the elementary lesion. This classification embraced the first eight classes that we have enumerated, viz: Macules, exanthemata, vesicles, bullæ, papules pustules, etc. The doctrine of Willan was developed and completed by his pupil, Bateman, and promulgated in France by Bielt, and by his pupils, MM. Cazenave, Schedel, and Gibert. This anatomical classification of Willan had incontestibly a great advantage. It was the attainment of a sort of precision in the naming of each particular class of skin disease, thus giving to a diagnosis some degree of precision.

But along with the advantages, faults presented themselves, which have become more and more evident as we have advanced in the study of dermatology. First, he makes the initial lesion play a part too exclusive and too absolute, and he does not take into consideration sufficiently the complications and later developments. The elementary lesion is often of short duration. It exists one day and the morrow we can no longer recognize it. It may have disappeared, or else been modified. Further, in this classification diseases in every way alike, by their nature, are arranged in different classes, and often separated far from one another, whilst others, altogether unlike,

are placed side by side in the same group. The last reproach that we will make against it, is the impossibility of drawing from the classification any therapeutic indication. These reproaches are so well founded in practice that MM. Cazenave and Devergie, of the Hôpital St. Louis, who had admitted for a long time the soundness of the classification, have now nearly abandoned it.

The classification of Willan had a wonderful success, but it was met by some of the distinguished men of France, by contest and dispute—prominent among them was Alibert, a former Physician in Chief of the Hôpital St. Louis, an eloquent professor and an ingenious author—he placed himself at the head of the opposition, and pointed out the inconveniences that we have spoken of, dwelling principally on the short duration of elementary lesions, and on their transformations, showing clearly the inconvenience of a classification founded on a single character, and he proposed another based on the ensemble of phenomena and on the general characters of the disease. He compared the anatomo-pathological classification to the systems of botanical classification established on the consideration of a single organ, and he tried to do for diseases of the skin, what *Jussieu* had undertaken with so much success in botany; and he had the pretention of wishing to build up a natural method of dermatological classification based on common characters of the disease, as cause, predominant phenomena, course, therapeutic indications, placing in the same class those diseases which in these respects had a resemblance. Unfortunately, Alibert presented his classification under a ridiculous form and changing the commonly adopted names, substituting others not harmonious, and difficult to pronounce.

He presented his classification under the form of a tree, which he called his "*Arbre des dermatoses*," the trunk represented the skin, the branches the *genus*, the boughs the species, the twigs the varieties. This figure of a tree of dermatoses and the barbarous names employed, rendered ridiculous, and did much harm to the natural classification.

Gradually he was forgotten, and in the courses and in the classic works a more simple doctrine of elementary lesions was generally adopted.

But by degrees, as the study of diseases of the skin advanced and became more profound and serious, the insufficiency of the English classification in a practical point of view, was strongly felt, and the more devoted disciples of Willan and Bielt deviated little by little from the method of their masters, and took up without acknowledging it, the natural method proposed by Alibert. This method was in fact the most philosophic, and permits us to arrange the diseases better according to their affinities and natural dissemblances; it is in fact the only true practical manner of arranging and classifying diseases of the skin, and the only one fruitful in therapeutic results. This is to say, that we adopt this basis of classification, and that we will consider diseases of the skin in this practical point of view, making short work of the details and variable anatomical appearance in the same affections, looking more after the causes, chief phenomena, and the therapeutic indications.

It is of comparatively little importance to us whether a cutaneous affection manifests itself by vesicles or pustules—the essential point for the true physician who wishes to cure it, is to know whether it is accidental or spontaneous. Whether it will disappear spontaneously at the end of a certain time, or whether it demands a specific treatment.

Looking over skin diseases in their "*ensemble*" after this manner—we believe that the first thing to do in commencing the study, is to classify them. We will propose, then, a natural classification, one which resembles in many points that of *Alibert*. We will arrange then, these diseases in 10 classes:

1. **MACULÆ—Deformities.**—This first class comprises a certain number of deformities of the skin, which are often congenital or hereditary, and which are placed accidentally only in the rank of diseases. In this category we find all the lesions of coloration, maculæ, freckles, epheles, vitiligo, lentigo; certain tumors, as warts, molluscum, and we might add also, ichthyose and keloide. These lesions

demand generally no medical treatment. If we wish to cure them when local, it must be by excision or caustic.

2. **LOCAL INFLAMMATIONS.**—These are as their name indicate, simple local inflammations, without any relation to the general condition whatever. There is sometimes in the commencement a little febrile action, very slight and ephemeral.

In this group we find erythema, urticaria, herpes, ethyma, pemphigus, etc. The therapeutic indications in these affections is simple; antiphlogistics, local and general, suffice generally.

3. **PARASITIC DISEASES.**—In this class we have purely local affections, due to the existence of a parasite—animal or vegetable, as itch, sycosis, barber's itch, ringworm, favus. The therapeutic indication is precise; it rests entirely on the destruction of the parasite.

4. **ERUPTIVE FEVERS**—This class comprises affections which are not local, but which are due to the introduction into the system of some particular virus for each disease—scarlet fever, measles, small pox, etc. The eruption is preceded and accompanied by general phenomena more or less intense. In the treatment we must watch and combat the complications.

5. **SYMPTOMATIC ERUPTIONS.**—In these the eruption is but accessory and occupies a secondary place in the history of the disease; we place in this group herpes labialis, rose-colored spots of typhoid fever, sudamina and purpura. The treatment should be addressed to the principal disease.

6. **DARTRES.**—These depend upon a particular general condition of the economy which we call the *dartrous diathesis*. The dartrous diseases are eczema psoriasis, lichen pityriasis. In those constitutional diseases the necessity of a general and special treatment is evident.

7. **SCROFULIDES—Scrofulous Diseases.**—An important class, and due also to a special diathesis—the scrofulous; and we propose to call scrofulides all manifestations on the skin due to scrofula. Together with local applications, a general treatment for the diathesis is absolutely necessary.

8. SYPHILIDES.—Due to a syphilitic diathesis not necessarily hereditary, but ordinarily acquired. It is to Bielt that we owe our first notions on these diseases; the treatment, that of syphilis.

9. CANCERS—*Cancer of the Skin*.—Of all the different forms of cancer that can affect the skin the most common is *cancroid*. The therapeutic indication is precise. The part of the skin affected ought to be excised or cauterized—our experience warrants us in preferring and recommending the caustic.

10. EXOTIC DISEASES.—In this class we arrange those affections which are not often seen in our climate, and which are seen only in those countries presenting climates entirely different from ours, lepra tuberculous, pyan, elephantiasis, etc. Such is the classification that we propose, and by the aid of which we expect to study diseases of the skin. Without further exposition one can see its advantages, after this method, in fact, having a cutaneous affection, and it being classified in one of our groups, we have at once an idea of its nature, prognosis and treatment. Thus if we have to do with an erythema or an ecthyma, diseases coming under our head of local inflammations—we would know that simple antiphlogistics, local and general, would suffice to cause its disappearance.

If the affection is parasitic, it is only necessary to destroy the parasite.

If the eruption is a darte, or a syphilide or a scrofulide, the local means are only accessory, the general treatment should occupy the first rank. These examples suffice evidently to point out the practical importance of the divisions that we have proposed. By the aid of the doctrine of elementary lesions called the anatomo-pathological, we arrive at the diagnosis of diseases of the skin—but in taking these affections as we propose, we recognize them, and know too by the classification what means are best employed to treat them with success.

We learn that the Hon. Geo. P. Marsh, of Vermont, declines being a candidate for the Provostship of the University of Pennsylvania.

Original Communications.

Pathological Notes.

By CHARLES F. J. LEHLBACH, M. D.,

Of Newark, N. J.

I. *Case of Fatty Degeneration of the Liver, Heart, Kidneys, and Fatty Deposit in the Spleen*.—About the 26th of March, 1859, a specimen of urine was handed to me by Dr. J. A. Cross, of this city, with the request to submit it to examination, as he suspected Bright's disease. The patient was an exceedingly fat man, (æ. 58,) weighing between 250 and 300 pounds. His occupation for the last ten years had been that of keeping a "lager-bier" saloon, and that beverage had for several years formed the principal bulk of his diet. For a year past he had suffered more or less from different causes, principally dyspepsia and a mucous cough, but nothing definite could be learned, as he had not put himself under medical treatment. When Dr. Cross saw him first, about the middle of March, his cough was severe, expectoration somewhat difficult, sputa containing nothing but mucus, dyspepsia troublesome, acute pain, with some dullness on percussion on the right side, and some fever. In a few days the attention of Dr. C. was called to his urine, which was high colored, dark, almost chocolate.

Examination of Urine.—Specific gravity, 1010; on the application of heat and nitric acid it yields a very abundant precipitate of albumen; the microscope shows blood corpuscles, epithelial scales from the kidney, uric acid crystals, but no casts of uriniferous tubes, and no fat globules.

I gave my opinion to Dr. C., that the patient was suffering from Bright's kidney in the first (congestive) stage; that, though the adipose diathesis would tend to the fatty species of that disease, from the absence of any fat globules in the urine, I was inclined to believe that fibrous degeneration existed in this case. Dr. Cross saw him but once or twice afterwards, the patient refusing to take medicine. He was confined to his house, but still was able to stir about more or less.

On April 14th, early in the morning, imme-

diately after having used the night chamber, his dyspnoea had suddenly become much more severe. He called his daughter into the room, and asked her to go immediately for Dr. Cross. She did so, and returned with Dr. C. in about five to eight minutes. On entering the room, he was found lying on the bed, dead, with one leg hanging partially over the edge of the bed.

Autopsy, April 15th, 25 hours after death.

External appearances—enormously fat; neck almost completely converted into chin; rigor mortis quite marked; dullness on the right side—evidently owing to effusion. *Integumentary section*—Adipose layer over abdomen, between two and three inches deep, in some portions more.

Thoracic Cavity.—Pericardium a little thickened, and almost completely covered by a layer of fat; no adhesions of pericardium, which contains about two ounces of clear serum. *Heart*: muscular substance pale, easily torn, not of normal resistance; valves healthy, cavities filled with fibrinous coagula, evidently post mortem; large vessels normal. *Pleura*: left side normal; right pleural cavity contains a considerable amount of serous effusion; membrane thickened, some recent diaphragmatic adhesions, easily broken up. *Lungs*: crepitating throughout, somewhat œdematous, otherwise perfectly healthy.

Abdominal Cavity.—Omentum immensely loaded with fat; no serous effusion in peritoneal cavity. *Liver*: decidedly Strasburghian, presents all conditions to make a *paté de foie gras*; color light brown, with a dirty yellow tinge; very much enlarged—in one word, fatty. *Kidneys*: enlarged, congested, but pale; cuticular portion somewhat encroached upon; pelvis loaded with fat, held together by loose areolar tissue; under the microscope the renal tissue throughout is found in a state of fatty degeneration; the fat cells and granules however, are not deposited upon the epithelial surface of the tubules, but on their outer wall and in their substance. About 15 grains of the cortical substance, macerated for five minutes in f3i of sulphuric ether, yielded a droplet of oil nearly a line and a half in diameter.

Spleen was found in a curious state. Its

whole upper surface was covered with some foreign deposit. This deposit was white, with a faint yellow hue. It occurred in isolated spots of different sizes, from a pin's head to a quarter of a dollar. The outlines of these deposits were irregular, except the smallest, which were perfectly spheroidal. On mere inspection, it looked more like tubercle than anything else. The deposit had a hard, resisting feel, something between cartilage and tendon. The deposit was so unlike fat, that this supposition was at once thrown aside. Was it tubercle, cancer, or atheroma? Between these three heterologous formations we thought to find it.

A close examination yielded the following result. This new substance is deposited between the two laminae of the fibrous tunic, (tunica propria, t. albuginea lienis.) The fibrous tunic itself is hypertrophied, thickened and opaque. On making a transverse section through the thickest portion of the deposit, it is found to consist of three layers; first, the outer lamina of the fibrous investment of the spleen $\frac{1}{3}$ to $\frac{1}{2}$ a line in thickness; second, the new deposit presenting, by its different color, (white,) a marked contrast to the fibrous sheath, 2 to 3 $\frac{1}{2}$ lines in thickness; third, the inner lamina of the tunic, the same as the outer.

A portion of the *middle* layer, or the new deposit, taken out for further examination, presented the following characteristics: firm, almost hard, like *wet leather*, cannot be crumbled, nor mashed between the fingers.

Microscopical Examination.—Settles the question; fat cells, fat granules, fat globules all over, and nothing else. The fat cells are smaller than those of the integument, and their walls more compressed, giving them a more hexagonal appearance. They are also more nucleated than usual.

The deposit does not extend into the malpighian capsules, nor the trabecules.

Remarks.—This case presents to me the following points of interest:

1. The extreme fatty dyscrasis, manifesting itself in fatty degeneration of the heart, liver and kidneys, and fatty deposit in the *fibrous investment of the spleen*.

2. The absence of fat globules in the urine, notwithstanding the extensive fatty degeneration of the kidneys. The examination was made carefully and thoroughly, under about 450 magnifying power. Dr. R. E. Van Gieson, who also examined the specimen, did not succeed in finding any. I account for this by supposing that the degeneration had not far enough advanced to involve the inner or epithelial walls of the tubules. This supposition is borne out by the microscopical examination of the renal tissue.

3. The curious condition of the fatty deposit on the spleen. Its solidity and unusual hardness and compactness must be explained by the position in which it was found. Imbedded between the two laminæ of the fibrous tunic, which became thickened and hypertrophied, probably in consequence of and in proportion to the advancement of the deposit, it seems obvious that the latter was subjected to considerable pressure, to which is added the periodical engorgement of the organ which would exercise additional pressure upon the deposit.

4. The sudden death of the patient. Unfortunately, no examination of the brain could be made. But it is a fair presumption that the fatty degeneration extended to the vessels of the brain, which resulted in rupture and sufficient extravasation of blood to cause instantaneous death.

BIOGRAPHICAL NOTICE OF THE LATE FREDERICK S. GIGER, M. D.

By D. HAYES AGNEW, M. D.

To die is one of the absolute necessities of our race, and when the message comes to the man of advanced life, full of years and of honors, there is something so natural in the change that the stroke falls with diminished force; but when the summons calls from our midst one in the very vigor and strength of his manhood, with all the hopes, aspirations and ambitions of genius irradiating the perspective of life, we have an instinctive feeling of violence in the disruption of such ties. It is in such cases that the consolations of revelation

come in to reconcile us to the mysterious but wise dealings of the Great Disposer of events, whose ways are often a great deep. Under such circumstances, it affords a melancholy pleasure to give a temporary reanimation to the sepulchred dust by recalling those salient points of character which conferred personality when living. With such motives, these few lines are inscribed as a tribute to the memory of a professional brother.

Frederick S. Giger, M. D., was born in the city of Philadelphia May 14th, 1820, but at an early age removed with his parents to Baltimore. His elementary studies were pursued in the academical department of the University of Maryland, after which he entered Princeton College, New Jersey, where he graduated with honor in 1840. During his pupilage in that venerable institution, he took a high position among his fellow students, commanding, at one period or another of his college life, every post of honor or distinction in the gift of the Cliosophie Society, of which he was a member. After having completed the curriculum of college study, he turned his attention to the profession of medicine, which he prosecuted in the medical department of the University of Maryland, and, after receiving the honors of this institution, entered upon the active duties of a practitioner in the city of Baltimore, conducting at the same time a course of office instruction to students in medicine. Having within himself all the elements of a scientific physician and gentleman, his success was no problem, and accordingly very soon he was in the midst of a large and influential practice, with an office thronged with admiring pupils. After seven years of untiring application and more than ordinary devotion to the interests of his patients, with a mind always in a blaze of activity; reaching out into every avenue of knowledge and exploring every vein of scientific truth, his physical constitution, by no means naturally robust, began to decline, and a sudden hemorrhage from the lungs arrested him in the midst of his cherished pursuits. Well convinced of the serious consequences which such an occurrence foreshadowed, he left the scene of his professional labor and

removed again to Philadelphia. Under this temporary withdrawal from fatigue, care and anxiety, his health so far recruited that he was induced to accept the chair of surgery, which had been tendered him in the Philadelphia College of Medicine. For two years he continued to discharge the duties incident to that post, until a recurrence of his pulmonary trouble again drove him into retirement. From that time forward, until the period of his death, (April 20th, by consumption of the lungs,) his life was characterized by the changes and vicissitudes of respite and attack which ordinarily attend the invalid the world over.

As a physician, Dr. Giger was more than ordinarily successful and popular. His extreme affability and kindness, accompanied by a decided, straight-forward manner, secured the affection and inspired the confidence of all with whom he came in contact.

In the capacity of teacher he was eminently successful. His lectures were marked by erudition, elegance of style, and replete with sound practical sense.

As a scholar, his acquirements were varied and extensive. With the ancient languages he was thoroughly conversant. His thesis presented to the faculty of the University of Maryland for the degree of doctor of medicine, presents us with an evidence of both scholarship and research. It was written in latin, and entitled "*De Systematis Nervosi Physiologiæ Historiâ.*" To these solid acquisitions he added the graceful accomplishments of music, painting, and modern language. As an evidence of the respect entertained for his learning, I may be allowed to extract a few sentences from a letter by Prof. Henry, of the Smithsonian Institute: "In addition to high standing in his class on account of general scholarship, he was particularly distinguished in physical science. Since his graduation at Princeton, I have been on terms of almost constant communication with him, and I am free to assert that I am acquainted with no person of his years. who, in my opinion, has made more extensive acquisition in the science of his profession, or who promises more to distinguish himself as a successful practitioner."

No man, indeed, could be more happily constituted to win his way to popularity. Naturally elegant in his manners, affectionate in disposition, open, free, and accessible at all times, with an unbounded flow of animal spirits and wonderful conversational powers, he enjoyed the social amenities of life with more than ordinary zest.

His last illness exemplified in no ordinary degree both the master element of his mind and the power of a religious faith. When a physical exploration of his chest was made by his medical attendants, he would detect with unerring accuracy any modification which marked the progress of his disease, and frequently repeat them for himself; and if any anomalous symptoms occurred, it was curious to mark the logical precision with which he would analyze and trace them to their proper cause. He had long enjoyed the spiritual instructions and influence of his uncle, Rev. Dr. Musgrave, a gentleman alike distinguished for his piety and his learning, and also that of his brother, Prof. Giger, of Princeton College, and on several occasions it was the privilege of the writer to listen to such expressions of childlike and hopeful trust as can only come from one who has felt the consolations of a genuine faith. "I must sleep," said the dying man, and without a struggle he closed his eyes in death.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Gerhard.

Peritonitis.—A young man of about 25 years of age, was brought to the Hospital, who, upon examination, was found to be laboring under peritonitis.

The position most grateful to him was upon his back, with his limbs slightly flexed upon his body. His countenance wore a peculiar, anxious expression, as that of one who was suffering great pain or was in constant dread of some impending danger. Upon approaching the patient he almost instinctively drew himself back, as if anxious to avoid being touched.

Upon the lower portion of the right side of the abdomen he located the sharp, lancinating pains

that the above symptoms would lead one to suspect. A chill preceded, and a fever accompanied the local manifestation of symptoms.

Peritonitis is not always accompanied by pain, and like pleurisy—an inflammation of a serous membrane also—may pursue its course without at any time giving rise to the sensation of pain.

Dr. G. remembers the case of a man who was run over by a cart, and in consequence was seized by an attack of peritonitis, of which he died—and who, nevertheless, at no time complained of pain.

Upon percussion, the abdomen affords a tympanitic sound, except around the seat of pain where there is a decided dull sound. There is no doubt effusion into a circumscribed portion of the peritoneum, which belief is strengthened by the fact that in this region there is enlargement of the abdomen visible, and fluctuation perceptible.

The patient then affords an instance of *local peritonitis* occurring in the region of the cœcum.

Local peritonitis generally obtains in the cœcal region—and is most frequently due to the lodgment of matter in the vermiform appendix. A circumscribed peritoneal inflammation may also result from interruption of the passage of the contents of the bowels, or again, as in typhoid fever, from perforation of the bowel.

Treatment.—A tablespoonful of sweet oil every 3 hours, together with 3 drops of laudanum; every 2 hours a powder, consisting of calomel, opium and ipecac.

The sweet oil is given in consequence of being a very mild laxative, and at the same time not so disagreeable in its action and taste as castor oil.

The calomel, opium and ipecac., are given to allay fever, promote the action of the skin, and to counteract the inflammation.

Under this treatment the patient has steadily improved.

Paralysis.—A young man, presenting the appearance of one in good health. About a week ago he complained of fatigue and lassitude, which was followed by a gradual loss of power in his limbs. At the present time there is loss of power on the right side of the face, and a partial loss of power of all his limbs, but particularly of the lower extremities. There has been no giddiness and but very little febrile excitement; the intellectual faculties are not in the slightest degree impaired.

This is a case then of paralysis, and of hemiplegia, probably depending upon a slight congestion of the spinal marrow at the very base of the brain.

Before admission into the house, he was very properly cupped. His treatment now consists in the administration of a mild, unstimulating diet, and in the keeping of his bowels in an open condition by

the administration of saline laxatives. At the commencement of the treatment blisters were applied to the back of the neck.

The patient is improving, and hopes of a complete recovery are entertained.

Gangrene of Lungs.—This patient already so often alluded to was again brought into the amphitheatre to show the progress of the disease. During the last few days he has not been so well, as his digestive powers have failed. Impairment of the appetite in gangrene of the lungs is a very serious complication, inasmuch as the main object of the treatment is to build up the patient's strength in order to enable nature to limit the disease. This derangement of the stomach in the present instance is, no doubt, due to the patient swallowing some of the gangrenous expectoration.

There is, however, an improvement in one respect, namely, a diminution of the frequency of the respiratory movements. This indicates that the congestion around the diseased spot is being removed.

In addition to the medicines he has already been taking, he was ordered the elixir of cinchona, which acts as an excellent tonic.

Scurvy.—Three cases of scurvy were shown, contracted during a voyage around Cape Horn; the patients, sailors upon the same vessel, state that their voyage lasted three months and twenty days, during which time their diet consisted of bread and water, and salted meat; a daily allowance of lime juice was also made.

Case 1st. His strength gradually diminished, and when within sight of his native land, he was not able to move about upon the decks. At the present time his gums are swollen, and of a reddish dark hue; he has shown no eruption upon or œdema of the feet.

Case 2d. Characteristic of the disease to a marked degree. About 19 years of age; countenance anxious and haggard, giving an old look to the patient; gums red, swollen and puffy; and there is an eruption upon his legs, consisting of patches of a reddish blue color; the limbs are also much swollen; pulse a little more frequent, but more feeble than natural.

Case 3d. Very marked blotches or discoloration of the limbs; they do not disappear on pressure; gums affected in a manner similar to the other two, except that there are a number of little white patches, consequent upon the exudation of fibrin.

The cause of the disease is undoubtedly a deficiency of fresh food, particularly of vegetable food; these men, it is true, were supplied with lime juice, but the lime juice had either deteriorated, or was not furnished in sufficient quantity.

Treatment.—Similar to that of the case of scurvy reported last week.

Dr. Gerhard, after announcing that his term of service ended upon the 30th of April, gave the following list of cases attended during the last three months, together with the result of the treatment:

DISEASES.	Cured.	Relieved.	Discharged by request.	Remain.	Died.
Phthisis, - - -		3	5	5	6
Pneumonia, - - -	3			2	2
Pleurisy, - - -	2			1	
Bronchitis, acute, -	5		1		
“ chronic, -	1	1		3	
Endocarditis, - - -		2		1	
Pericarditis, - - -	1				
Hypertrophy of Heart,				1	1
Aneurism of Aorta; (tho.)		2			1
“ “ (ab.)					1
Gangrene of Lungs, -				1	
Ossification of Valves,				1	
Laryngitis, or Pharyngitis	3			2	
Tonsillitis, - - -	1				
Gastritis, - - -	1				
“ (chronic,) -				1	
Gastrodynia, - - -		1		1	
Dyspepsia, - - -		1			
Dysentery, (chronic,) -	2			2	
Worms, - - -	1				
Splenitis, - - -	1				
Peritonitis, - - -				1	
Albuminuria, - - -	2				
Apoplexy, - - -					1
“ Serous, - - -					1
“ Traumatic,					1
Cephalalgia, - - -	1			1	
Epilepsy, - - -				1	
Tumors of Brain, -					2
Hemiplegia, - - -	1				
Paralysis, - - -				2	
Chronic Myelitis, -		1			
Neuralgia, - - -	2				
Amaurosis, - - -		1		1	
Metritis, - - -				1	
Leucorrhœa, - - -		1			
Amenorrhœa, - - -		11		1	
Hysteria, - - -		1	1	3	
Ovarian Dropsy, -					1
Anemia, - - -	4			1	
Scorbutus, - - -				4	
Erysipelas, - - -	1				
Rheumatism, - - -	10	4		12	
Syphilitic Rheumatism,		1		1	
“ Nodes, - - -	1				
Typhoid Fever, - -		5		2	
Intermittent Fever, -	10				
Edema after intm. fever,	1				
Anasarca, - - -	1				
Chorea, - - -	1				

Service of Dr. Neill.

APRIL 23.

Injury to the Skull.—This patient, when brought to the Hospital, had a lacerated wound of the scalp, and upon examination there was found a depressed fracture of the external table of the skull for the space of half an inch. The injury was the result

of a direct blow—the kick of a horse. The wound was carefully washed and the soft parts adjusted, and retained in place by a strip of gauze coated with collodion. It is hoped that the wound will unite by first intention; fragments of the skull often unite with great rapidity, independently of the formation of callus.

The first night after the injury the patient was very restless, but last night he slept well; his intelligence is not impaired, and his pulse normal.

No other treatment will be pursued, unless other symptoms should present themselves. If inflammation in and around the wound should occur, the present application will be removed and a poultice applied.

Post Mortem.—*Gunshot wound of the Skull.*—A young man who had been condemned to death, but to whom executive clemency had recently been extended, received a gunshot wound of the skull last Saturday night. When I first saw him, he was lying upon his side, his eyes closed and a perspirable skin; color natural; pulse 48. He was delirious and restless when roused, though he answered many questions promptly and correctly.

The scalp over the temporal region having been shaved, two wounds, about $2\frac{1}{4}$ inches apart, were visible; the skin between the wounds was somewhat puffy and discolored; the anterior wound was lower in position and smaller in size than the posterior. Such wounds with such symptoms indicated a serious injury. To expose the fracture I laid open the skin temporal fascia and muscle between the two wounds, when a large clot with brain substance poured out, followed by great hemorrhage which issued from a perforation through the bone; this hemorrhage was so profuse that I actually had to close the hole with my finger to serve as a temporary check. Upon consultation it was decided to trephine.

A gunshot wound of the skull is almost invariably accompanied by fracture of the internal table, and though the external wound may be small, the internal table may be extensively splintered.

The operation was performed amid struggling and delirium, and after the trephine had been applied partially over the orifice and a button of bone removed, the hemorrhage was found to proceed from a large branch of the meningeal artery; a depressed fragment of bone was raised, when it was discovered that the membranes of the brain were torn and a fragment of bone, together with some bone dust, had been carried into the brain substance.

After the operation the water dressing was applied and the patient placed at rest in a room, alone and with the windows darkened; his condition was much improved, there was less restlessness and the

pulse was more frequent. Sunday night he slept well and answered questions; Monday, gave correct answers, but his pulse was not so good, and he seemed feeble. On Tuesday he became restless and delirious, and early Wednesday morning he died.

At the first examination of the patient I suggested that the ball had split against the sharp edge of the bone, and on examination after death, after a laborious search, a portion of the ball was discovered driven into the brain; it is irregularly flattened and grooved upon the one surface where the serrated edge of the bone impressed the ball; it weighed 17 grains. A piece of the internal table, about three-quarters of an inch square was found after death, close to the wound, where it was probably driven by the pulsations of the brain.

Here is the calvaria; and upon examining it externally you see an opening one inch long, one-third of an inch wide, obliquely crossing the squamous suture. The anterior extremity of the opening is in the temporal bone, and here the bone is crushed and ground, but the posterior extremity is in the parietal bone, and here the edge of the bone is sharp. The interior of the skull shows the reverse, proving that the ball passed obliquely from without inwards, as well as from before backwards, and from below upwards.

And what are you to learn from this case?

1st. Symptoms of a wounded brain are not those merely of concussion and compression. They vary with the part injured—in this instance the anterior lobe of the cerebrum above the base; hence he was able to speak, which would not have been the case had the base been ploughed up.

2d. The necessity of trephining in gunshot wounds of the skull and brain, for the removal of depressed fragments of both tables, or bullets; for arresting hemorrhage and preventing compression by the formation of clots.

3d. A ball however small or obliquely fired may be split, and a part escape through an orifice of exit in the scalp, and a part tear up the inner table and membranes, and bury itself at a great distance from the entrance.

4th. The danger of such wounds, and the fatality. Almost all die. A few live—rare exceptions—and even these have often fallen dead suddenly.

Operations—Two cases of Tumors of the Breast.—Tumors of the breast are of frequent occurrence, and often present great difficulties in regard to their diagnosis and the consequent prognosis.

Mammary tumors are divided into the two great classes of non-malignant and of malignant; in the first class we include the inflammatory enlargement, the enlargement designated as hypertrophy of the mamma, and also the chronic mammary tumors—the adenoid or common breast tumor.

Case 1st—Affords an illustration of a non-malignant tumor of the last mentioned kind. The patient is a healthy looking young woman, who asserts that the tumor has been in her breast for three years, remaining almost stationary as regards its growth, but that since a recent confinement it has rapidly increased in its dimensions. The tumor is moderately hard, very movable, nodulated, and irregular in shape; the skin is of its natural color; the nipple is not retracted.

An incision was made over the tumor, and the growth rapidly enucleated. It was of a pearly-white color and attached by a pedicle to the gland.

Case 2d.—A colored woman, about 55 years of age, has had the tumor for two years; the growth is much larger than the other, of a stony hardness, involving almost the entire gland, and presents all the characters of cancer.

Two elliptical incisions were made around the tumor, and the mass with the superjacent tissues dissected out.

APRIL 27.

The new method for the radical cure of Hydrocele.—The patient with hydrocele of the tunica vaginalis and the cord so frequently alluded to in former reports, was again brought before the class. The hydrocele of the cord, it may be remembered, was positively diagnosed and cured at one and the same time, by cutting down upon the enlargement; the hydrocele of the tunica vaginalis, however, has returned a number of times, notwithstanding frequent tapping and the injection of the tincture of iodine.

Dr. Neill resorted to-day to the operation recently introduced by Dr. Simpson, namely to tap the hydrocele and introduce through the sac of the tunica vaginalis a metallic wire; in other words, to maintain in this situation a metallic seton.

Swelled Testicle.—This case presented another enlargement of the scrotum, but of a very different nature, it affords an instance of enlargement of the testicle. The laterally compressed form of the gland, the swollen epididymis are very perceptible; this enlargement has not been accompanied by pain; the swelling is uniform, soft, and elastic; the patient has had gonorrhœa since last September, which at times was almost cured under treatment, but would speedily return upon the slightest excess.

This is a common affection, known as orchitis.

There is a very erroneous doctrine prevalent in regard to the relation between gonorrhœa and orchitis; it is supposed that by some mysterious power a metastasis of the gonorrhœa takes place with the testicle; in opposition to this view, I would state that there is a direct communication between the urethra and the ultimate tubules of the testicle, and the inflammation can traverse

the entire tract of mucous membrane; there is therefore in these cases a direct propagation of the inflammation along a continuous surface. This fact will also explain why the orchitis appears so often as the gonorrhœa subsides; for it is a mere question of time, a certain period must elapse before the inflammation can reach the testicle, and during this time the urethral gonorrhœa may have pursued its course.

In the treatment the same principles must guide us as in treating the acute gonorrhœa; after the inflammation, however, has subsided, the testicle will be still enlarged in consequence of plastic effusion that may have occurred; to further the removal of this, the testicle must be uniformly and moderately compressed by the application of strips of adhesive plaster, somewhat in the manner of the bandage of Scultetus.

Hemorrhage from deep Ulcer of the Penis.—This man entered the hospital in consequence of losing enormous quantities of blood from the penis. The prepuce was greatly swollen and phymosed. The prepuce was slit up, and the true source of the hemorrhage found; there was upon the lower surface of the gland a deep excavated ulcer, which had eaten away the frænum, and laid open the urethra.

The patient, said he, had gonorrhœa, but under treatment was almost entirely relieved of the disease, when a profuse hemorrhage from the penis took place. After a time this was checked, but again returned to be again checked and to return.

The cause of this hemorrhage was the ulcer, and yet it is remarkable, that before the slitting up of his prepuce he did not suspect this condition of the parts; the ulcer having eaten so deeply without causing the patient more than a slight uneasiness.

I do not think that this ulcer is syphilitic.

To arrest the bleeding, the ulcer was freely touched with the nitrate of silver. If there should be a renewed loss of blood, the powerfully astringent tersulphate of the sesquioxide of iron will be applied; this is the preparation of iron that is kept by the apothecaries to prepare the hydrated oxide of iron, by the addition of an alkali.

As this ulcer heals, great care will have to be taken to guard against contraction of the urethra.

[The remainder of the report of this clinic will appear next week.]

We learn from the *New York Medical Press* that Drs. C. R. Gilman and B. F. Barker, have resigned their respective chairs as Professors of Obstetrics and the Diseases of Women and Children, the former in the College of Physicians, and the latter in the New York Medical College. Dr. George T. Elliott, Jr., has been appointed to the vacancy occasioned by Dr. Gilman's resignation.

Editorial.

THE LATE QUARANTINE AND SANITARY CONVENTION.

We had intended to accompany the report in our last of the doings of this convention at its late meeting, with some editorial remarks, but the crowded state of our columns would not allow of it.

To the medical profession, and to Dr. Wil-son Jewell, of this city, more than to any other one man in the profession, is due the credit of originating the movement which has resulted in the organization of the Quarantine and Sanitary Convention, a body which has already given evidence of its ability to consider and act intelligently upon questions relating to the public health. From its very inception, this movement has enlisted the zeal and cooperation of the most prominent and respectable men in professional walks and civil stations, of the principal cities of our seaboard States—the ones principally interested in the questions naturally coming under the notice of such a convention. These conventions have very wisely, we think, been composed of representatives of medical societies and of lay members of the Boards of Health of our towns and cities.

The preliminary convention, which resulted in steps for the permanent organization of a Quarantine and Sanitary convention, met in this city on the 13th of May, 1857, at the call of the Board of Health of this city, and at the suggestion of Dr. Jewell, a member of the Board. At this meeting delegates were present from Massachusetts, Rhode Island, New York, New Jersey, Pennsylvania, Delaware, Maryland, Virginia, and Louisiana. Dr. Jewell, was chosen President of the convention. Some very important business was presented for the consideration of the convention, particularly in relation to the subject of Quarantine.

The next convention which was appointed to be held in Baltimore, met in that city on the 29th of April, 1858. Delegates were

present from the States represented the preceding year, and from the District of Columbia, South Carolina, and Georgia. Dr. Wm. M. Kemp, of Baltimore, was chosen President. Through the business committee of which Dr. Jewell was chairman, several questions of importance were proposed, and referred to committees to report at the next meeting, which was appointed to be held in New York, on the last Wednesday in April, 1859. The proceedings of this meeting were fully laid before our readers in the *REPORTER* of the 7th inst. By reference to that report, it will be seen that there was a fair representation of the seaboard States, and that the convention was composed of men of standing and acknowledged ability. Full reports were made by the several committees, and the questions connected with the management of Quarantine which it was supposed would divide the convention, were discussed with temperance and ability, and a remarkably unanimous conclusion arrived at, which is calculated to exert an influence that will greatly mollify the rigors of the Quarantine system. The authorities of the city of New York, with their characteristic liberality have undertaken the expense of publishing the proceedings of the convention, which will therefore speedily be placed in a permanent form before the public. The next convention will meet in Boston.

We regard this movement as one of the most important which has enlisted the attention of our profession, and trust that so far as its members are concerned, there will be no lack of disposition to carry out successfully its objects and aims.

PUBLIC DRINKING FOUNTAINS.

The subject of placing hydrants at accessible places in our thoroughfares, for public use, has been agitated, but has not received the earnest consideration which it deserves.

There could be much argued in favor of the project, in both a hygienic and moral view. Beside the great convenience to the thirsty

masses, of having pure cold water always convenient, other salutary influences, in regard to economy, and above all, their temperance agency would make them invaluable.

The city of Liverpool was the first to adopt a general system of public drinking fountains, and their beneficial influence has been so apparent, that other English cities are about to follow the example. In that city there are now forty-five such fountains, at each of which at least one thousand men drink daily. An association has been organized, called the "Metropolitan Free Drinking Fountain Association," who propose to double the number of fountains, to meet the requirements of the people, and it is estimated that ninety-four millions of draughts will be taken from them annually.

The first fountain in London was recently established at private expense, and it is said that four hundred will be required for that city.

Our large American cities have abundant facilities for supplying pure water, and there is no field in which the labors of the philanthropist could be better employed than in securing, through municipal or private aid, a free, ready and convenient means of obtaining it.

THE AMERICAN MEDICAL ASSOCIATION.

The twelfth annual meeting of the Association convened in Louisville on the 3d inst., and continued its session three days. Dr. Henry Miller, of Louisville, was elected President, and Drs. Bemiss, of Louisville, and Eli Ives, of New Haven, were chosen Secretaries. The next meeting is to be held at New Haven, Conn., on the first Tuesday in *June*, 1860.

We expect to present a full report of the proceedings, as also of the proceedings of the Convention of Medical Teachers which met on the 2d inst., in a succeeding number.

 We cannot but be struck with the frequency with which we are called upon to record the marriage of subscribers to our journal. The practical inference to be drawn from this interesting fact is, that if any one

wishes to advance his prospects in this direction, his surest way of doing so, is to send in his name, and have it recorded on our books!

N.B.—If any of our readers have had the bait out for some time, without success, we would suggest that the difficulty probably lies in the fact that his own name is not sufficient. Let him then send in another name, and if he is still unsuccessful, *repeat the dose!*

Correspondence.

—, *Cherokee Co., Texas,* }
April 18, 1859.

EDS. MED. & SURG. REPORTER,
 Philadelphia.

Allow me to propose a rather novel case to you, for your consideration and advice. The case is one of secondary or tertiary syphilis, and of eight or ten years duration. There are no visible nodes, nor eruptions on the skin, and the point of interest to me, is the mode of appearance, which is by an abrasion or ulceration of the mucous membrane of the glans penis. These ulcerations occur every eight or ten days, and last for a few days, when they heal up, to appear again at some other point. This has been the case for a year or more. The patient has been under treatment at various times, and I presume the disease has been kept in check, but never entirely eradicated.

I commenced with the case about a month since, with sarsaparilla and iodide of potassium, 5 grs. per day, and have increased the dose to 150 grs. a day, and still no prospect of a cure.

What will be the effects of the potassium, if administered in much larger doses? It has yet produced no effect on the stomach or bowels.

Any advice from you on the subject will be thankfully received.

Respectfully yours, &c., O.

In answer to our Texas correspondent, we would say that the eruption in question is syphilitic ecthyma, and, as an external manifestation of a constitutional vice, it will be best reached by constitutional remedies. In regard to the possible injurious effects from large doses of the iodide of potash, irritation of the mucous membrane of the stomach and bowels may be considered the most probable, manifested by nausea, vomiting and purging. It

is believed, when long continued, to break down the plasticity of the blood, and thus interfere with the general health. Yet it may be administered in very large quantities, and continued for a considerable time, without any bad results being seen, especially when largely diluted. If the dose already given (150 grs. a day) have been productive of no benefit, the indications for its continuance are certainly not very strong. In secondary syphilis, we are in the habit of prescribing the potash in combination with mercury, with very satisfactory results—say 5 grs. of the iodide of potassium and $\frac{1}{12}$ gr. of the bichloride of mercury, in syrup of sarsaparilla, twice daily. If iron be indicated, the syrup of the protiodide, in doses of 12 to 15 drops, three times a day will be a very eligible preparation.

Medical News.

“LE DOCTOR NOIR.”

In one of our illustrated papers a few weeks ago, there appeared a portrait of a colored man called Dr. Vries, together with the account of some wonderful cures of cancer said to have been performed by him in Paris, by means of some specific discovered during years of botanical research in Asia. Such an account, apparently well authenticated, necessarily excited much curiosity and joy among the laity, while members of the medical profession, although convinced that a specific remedy for cancer was an unattainable boon, still against their better judgment, believed that the facts might be true, simply because they wished them to be so.

The facts of the case as abridged from *La Presse* a Parisian journal of April 4 and 5, are as follows: A. M. Sax having been declared to have been cured of cancer by M. Vries, by means of a specific known only to himself, the fact obtained a wide-spread notoriety, and the medical faculty of Paris invoked the authority of M. Velpeau to inquire into the actual facts of the case. This celebrated surgeon declared that “without absolutely denying the possibility of a specific remedy for cancer, he did not believe in the efficacy of that of M. Vries, but that he was perfectly willing to have experiments made with it under his own eye.”

Sixteen patients suffering with cancer, were then chosen from the wards of the Hospital of La Charité, and M. Vries received an invitation to submit them to his treatment under the surveillance of M. Velpeau and M. Manoe, another surgeon of La Charité. The foreign physician consented to the proposed experiment, but demanded an interval of six months to complete their cure.

Every thing being thus arranged, the trial commenced on the 27th of January, in one of the wards of La Charité, and the medical staff of the ward were requested to follow the prescriptions of M. Vries rigorously, and to aid him in every respect, so as to allow him no pretext for breaking off the treatment once commenced.

The mode of examination adopted by the black physician was unusual, and evinced but little knowledge of the important art of questioning the invalid. With him this important element was reduced to three remarks:

"Show your tongue."

"Do you go to the water closet?"

"Appetite?"

Then without examining the limits or consistence of the cancerous tumor he had to combat, he added:

"Swallow pills, and take no pepper, coffee, mustard or wine."

When he examined a man for the first time M. Vries applied a thermometer to the part, but the heat once determined, it disappeared, and the observation was made once for all.

As for the famous pills which he always administered himself, and allowed no one to touch, some were finally procured and submitted to analysis, when the pretended antidote proved to be nothing more than a mixture of saltpetre and sugar. It certainly was scarcely worth while to go among savages for such innocent drugs.

At length on the 29th of March when but two months of the six demanded for the trial had passed away, M. Velpeau deemed that sufficient time had been allowed to demonstrate the utter uselessness of the boasted remedy. Of the sixteen patients one had died, while in the others the disease was steadily pursuing its fatal course. To push such an experiment further, was to compromise the safety of the patients, and the dignity of our art without benefit to any one.

Of the report read by M. Velpeau before the Academy of Medicine, we shall only extract the following conclusion, that

1. The antidote for cancer is not yet dis-

covered, and that unfortunately there is no illusion possible on the subject.

2. M. Vries has cured no cancers treated by him in our presence.

3. All the cancer patients in our ward are progressing so unfavorably, that several of them must soon succumb.

4. M. Vries has never cured a single cancer.

"The remedies employed by M. Vries are insignificant, and without any action on the economy, and composed of substances which are found in every pharmacopia, and are almost inert. They came from no tropical region, and owe nothing to the vegetation of the Indies. The analysis made by MM. Robin, Mialhe, C. Henry and Regnault, prove it uncontestibly."

After showing that M. Vries was devoid of medical knowledge, and ignorant even of the nature of a cancer, M. Velpeau concludes by saying:

"Such is the strict, the sad truth, the unhappy truth, if it must be so; for the existence of such an antidote would be the most desirable boon for the world to acquire; and let his color be what it may, he who will endow medicine with it will deserve the gratitude of the whole of mankind."

Thus have the pretensions of an unblushing pretender to medical skill been unveiled, and his mercenary motives made known to the community. The thanks of the medical world are due to the profession in Paris, for their promptitude in holding up to the view of the whole world a dangerous quack, where victims but for their philanthropy, might have only been equaled by the number of dollars their misfortune might have placed in his purse.

M. J. A.

Punch on Homœopathy.—"An intelligent correspondent entreats *Punch* to study Homœopathy. *Mr. Punch*, in return, implores his intelligent correspondent to study Anatomy, Physiology, and the nature of diseases. He will then see that the rule of healing disease by assisting nature, and removing impediments out of nature's way, is not theory, but ascertained science.

If brevity is the soul of wit, it is also the essence of argument—especially the argument of *Punch*, whose enlightened readers know almost everything, and are bored by discussions which teach them nothing.

No doubt a lady at the top of a house can smell a cigar smoked in the hall. More than

that, a hound can smell the foot-print of a distant fox. But there is no proof that what immediately affects the sense of smell is ponderable matter at all. If it is, it requires nerves of special sense to perceive it, and thus proves the aphorism which *Mr. Punch* proposes to accompany "Like cures Like;" namely, "Infinitesimal Quantities produce Infinitesimal Effects."

Of course no quantity is in strict language infinitesimal; but the word is current. Say Peninfinitesimal, if you like, instead.

It is also very doubtful if the force or influence of contagion is ponderable substance. Suppose it to be so, what infinitesimal globule will produce an effect on the human body so remarkable as scarlet fever?

The circumstances affecting statistics must be stated to make them worth a thought. If a given number of inflammations had to be treated on the old plan of bleeding and drenching, and an equal number homœopathically, *Punch* has little doubt that the disadvantage, in point of recovery, would be greatly on the side of the former, and that this class would show a much superior mortality per cent. A certain number of such diseases will get well if let alone; will not get well if improperly interfered with. *Mr. Punch* believes that homœopathic cures correspond precisely to this number; their treatment, regimen apart, consisting in the administration of next to no medicine at all.

Will homœopathy set to a leg? Will it cure a broken arm? These questions may be absurd; but it is as hard to conceive infinitesimal doses doing these things, as it is to conceive them producing any material effect on the human frame.

Will homœopathic globules make a dry skin perspire; cause a torpid liver to pour out bile, or any inactive gland whatever to secrete; or compel to work any lazy scavenger organs, whose office it is to cast rubbish out of the system? If not, they will not effect the conditions on which the cure of diseases depends, and without which all who know anything of the matter know that it is impossible."

Dr. George B. Wood.—We are sorry to have occasion to announce that this distinguished physician has resigned the posts he has for so many years filled with such signal ability, of Professor of the Theory and Practice of Medicine, in the University of Pennsylvania, and of Physician to the Pennsylvania Hospital. The former resignation takes

effect at the close of the next course of lectures; the latter, immediately.

There are few men in this country, who have served their profession as faithfully, honorably, and disinterestedly as Dr. Wood has, and it is not too much to say that the news of his retirement from the active duties of the profession, will be received by his brethren with universal regret.

At a meeting of the Board of Managers of the Pennsylvania Hospital, held on Monday last, Dr. F. G. Smith was elected one of the physicians to the institution, in place of Dr. Wood, resigned. Dr. Smith is a gentleman of high scientific attainment and good practical abilities. The appointment is a judicious one, and well deserved.

Donation.—The surgical instruments and apparatus which belonged to the late Professor T. D. Mütter, have been presented by his widow to the Episcopal Hospital of Philadelphia.

An effort is being made in Dublin to raise funds to erect a suitable memorial to the memory of the great Irish surgeon, Sir Philip Crampton.

Dr. Brown-Séquard, the eminent physiologist, is giving lectures to very large professional audiences in the principal cities of England.

A new hospital has been started at the "West End" of London, called the West of London Hospital.

There is now going up in Twenty-third street, near Sixth avenue, New York, a splendid edifice for the "College of Veterinary Surgeons," which is to cost about \$40,000.

MARRIAGES.

BLACKWELL—WATERS.—At Millville, N. J., the 28th ult., by Rev. C. S. Downs, Dr. Lewis T. Blackwell, of Pennington, N. J., to Miss Charlotte O. Waters, of Millville.

MILLER—WAGNER.—On the 5th inst., by the Rev. Dr. Wheeler, Dr. C. H. Miller to Miss Carrie M., daughter of Geo. Wagner, both of this city.

ADVERTISEMENTS.

NATHAN STARKEY,

MANUFACTURER OF

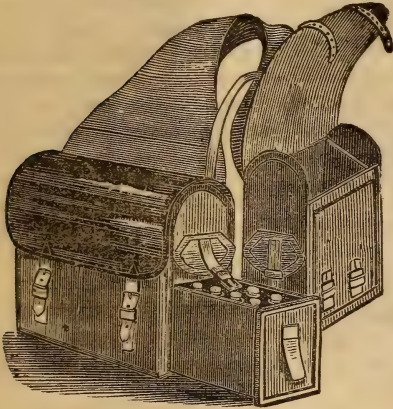
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " "	10 50
" 6 & 11, " 20 1 oz. " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 13, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " "	8 50
" 3, " 16 " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " 4 " "	19 00
No. 3, " 48 " " 4 " "	17 50
No. 4, " 37 " " 4 " "	13 50
No. 5, " 32 " " 4 " "	12 50
No. 6, " 27 " " 4 " "	10 50
No. 7, " 20 " " " "	8 50
No. 8, " 15 " " " "	6 50
No. 9, " 14 " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses and within one square of a Passenger Railway.)

PHILADELPHIA.

This institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M.D.

Consulting Physician,—PROF. SAMUEL JACKSON, M.D.

Application for admission may be made to the Attending Physician daily, (Sundays excepted,) from 11 to 12 o'clock. Applications in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, Sec'y,

Box 1738, Philadelphia P. O.

No. 107, t. f.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,
32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.

Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.

H. L. Hudge, M. D., Professor of Obstetrics, University of Pennsylvania.

Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.

Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.

S. Littell, M. D., Surgeon Will's Hospital.

E. Hartsborne, M. D., " "

A. Hewson, M. D., " "

D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.

R. J. Levis, M. D., " "

Isaac Hays, M. D., " "

P. B. Goddard, M. D., " "

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 in advance; single copies, ten cents. The REPORTER will only be sent to those who pay for it. Notice will be given to subscribers at the termination of their subscriptions. Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D.,
R. J. LEVIS, M. D., } Editors.

Single copies can be obtained and subscriptions made, at Lindsay & Blackiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago.

Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are ten volumes, and they contain a very large amount of practical information, besides a large number of steel engraved portraits of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

J. M. MIGEOD,

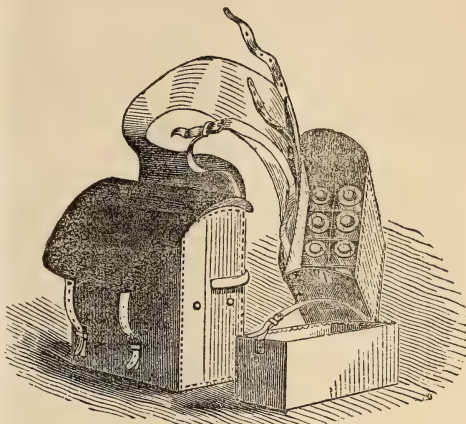
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " and	\$9 50
No. 2, containing	10 1 oz. " " and	
	10 1/2 oz. " " and	8 50
No. 3, containing	8 1 oz. " " and	
	8 1/2 oz. " " and	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " " "	
" " "	4 Pots, " " and	
" " "	1 Mortar, " " "	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " and	
" " "	1 Mortar, " " "	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " " "	
" " "	4 Pots, " " and	
" " "	2 Mortar, " " "	\$12 00
No. 4, containing	20 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " " "	
" " "	18 1/2 oz. " " " "	
" " "	4 Pots, " " and	
" " "	1 Mortar, " " "	\$20 00
No. 2, containing	7 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " " "	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " and	
" " "	1 Mortar, " " "	\$16 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " "	\$13 00

126 y



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs"*. After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

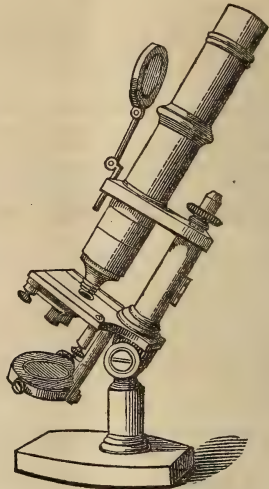
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscopy, &c.

Printed and illustrated catalogues furnished or sent by mail gratis.

123—ly

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA SURGEONS' BANDAGE

INSTITUTE,
(PATRONIZED BY THE MEDICAL FACULTY.)

No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequaled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartment for Ladies, under the superintendence of Mrs. Everett
126-y.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin Square. Artificial Teeth in entire or partial sets; Obturators, Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

127

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 135.

PHILADELPHIA, MAY 21, 1859.

{ NEW SERIES.
VOL. II. No. 8,

Original Communications.

ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 4.

CRANIAL REGION (continued).—*Musculo-Aponeurotic Layer*.—If the cellulo-adipose layer be next removed, a musculo-aponeurotic structure is brought into view, formed by the occipito-frontalis muscles and their tendons. The occipital part is fleshy and arises from the upper semicircular ridges of the occipital bone; the anterior or frontal portions are likewise fleshy and intermingle their fibres with the orbiculares palpebrarum, the intermediate part uniting their two extremes is a broad membrane, the *cranial aponeurosis* (galea capitis). The frontal portions are continued by triangular slips down upon the nose (pyramidales nasi). The aponeurosis, as usually represented in anatomical works, is seen to present a well defined edge corresponding very much to the temporal ridge; this does not exist in nature. It is continued down over the temple, diminishing in thickness by insensible degrees, until it becomes blended over the zygoma with the deep fascia of the face, and is connected to the superior circumference of the root of the auricular cartilage. Blended with it are the rudimental fan shaped muscles of the ear, the *attrahens retrahens* and *attollens*. The firm

attachment of the skin and fascia to both the tendinous and fleshy part of this layer, enables it to move or fix the scalp at pleasure. It is this ability which admits of burdens being carried upon the head with such precision. By the deep surface it is connected to the pericranium through, what I shall call the *sub aponeurotic fascia*. This presents a remarkable contrast with the superficial fascia, being made up of fine silvery looking fibres of fibrous tissue, in which the elastic variety largely exists; its structure loose and open, moistened with serum and entirely destitute of fat. It allows the scalp to move with great freedom over the pericranium.

Through this ramify and pass the deep branches of those blood vessels and nerves already described. On each side of the posterior part of the sagittal suture a remarkable vessel, the *vein of Santorini*, enters within the cranium through openings in the parietal bones, the *parietal foramina*.

Practical Observations.—It will be observed from the foregoing remarks, that the musculo-aponeurotic layer forms a complete partition between the skin and the pericranium, so perfect, indeed, that fluid accumulations, however liquid on one side, cannot pass to the other, and separating structures, so different in constitution and arrangement, as to communicate important information to the physician. It limits the extension of ulceration in the direction of the cranial bones. The directions of both the muscular and membranous fibres of this layer being vertical or disposed antero-posteriorly will suggest the propriety of making incisions where such become necessary in the same direction. In certain conditions of the upper eye-lid, which will be treated of in

the proper place, the frontal portion of this muscle can be made to perform the office of an elevator. Exudations or effusions which occur beneath it instead of being collected into a small circumscribed space, as those exterior to it are, will be *diffused* in consequence of the free intercommunication among the areolæ of the subaponeurotic fascia. A blood tumor may arise in this locality by lesion of the *parietal veins*, and which will spread over a large portion of the pericranial surface, as is sometimes seen in new born children—the *caput succedaneum*.

Sub-aponeurotic Fascia.—As the blood vessels which reach the periosteum pass through this sub-aponeurotic fascia, those conditions which greatly disturb the latter not unfrequently prove destructive to the former, as for instance penetrating ulcers, tegumentary sloughs, or large accumulations of pus or blood in its structure. So loose is the connexion between the musculo-aponeurotic and pericranial structures, that wounds occasioned by force applied at angles of considerable incidence will detach large flaps. Such separations occur in cases where the wheel of a cart may happen to come in contact with the head, or where it is precipitated against a curb, as is often seen by surgeons in the city from horses taking fright and upturning vehicles to which they may be harnessed. A curious example, illustrative of our anatomical remark, was published some years since in the columns of the *New Jersey Medical Reporter*. A midwife attending a woman in a tedious labor, mistook the swollen and congested scalp of the child for the placenta, and having heard that in cases of such presentations, unless an opening be made into the mass, the patient would perish from hemorrhage, inflicted an extensive gash with a pair of scissors; as the labor proceeded, the wound was enlarged by the close adaptation of the head to the pelvic canal, and peeling off more and more from the pericranium as it passed through, so that when escaped from the lower strait, the cranium was completely enucleated, the anterior portion of the scalp hanging down over the face and the posterior over the back of the neck!

In the scalping process, as practised by the Indians, it is only necessary to make the circular incision, and a little force will be sufficient to remove this highly prized trophy of war.

I may now introduce a remark relative to the removal of the integuments preparatory to making a section of the cranial bones in order to expose the brain or its membranes. The incision should be carried over the head from ear to ear, and through this aponeurosis. The object is two-fold, the two halves can by a little force, without a dissection, be drawn forward and backward, sufficient to expose the cranial vault, and the parts when again replaced and stitched will be covered with hair, give an excellent support to the bones beneath and scarcely be noticed; thus obviating one of the great objections on the parts of friends to post-mortem examinations, namely mutilation.

Pericranium.—This is the last of the membranous layers exterior to the skull. It is the periosteum of the cranial bones, and its connection effected by filaments of *fibrous tissue* and *blood vessels*. As an evidence of its great vascularity let it be torn from its connection with the bones, and there will be seen myriads of minute red points, which are blood drops issuing from the lacerated vessels. These vessels supply the external table, ramify in the diploe, inosculating there with others from the internal periosteum, and sending many branches directly into the texture of the internal table, so that it may be said to be to a certain extent the nutrient membrane of both tables. Along the line of the sutures its connection is most firm, and through these also pass many vessels; so also over those points which in development were centres of ossification.

Practical Observations.—Inasmuch as the pericranium is a periosteum, anything disturbing its connections with the cranial bones must in some degree endanger their structure. The exposed situation of the head, and the inconsiderable thickness of the soft parts, leave it much exposed to bruises. If an exudation takes place between it and the cranium, the separation can only occur at the expense of the

blood vessels, which form the chief bond of connection. The propriety, therefore, of giving exit to such accumulations would be unquestionable. These may be blood, lymph or pus, and as the membrane maintains by extensions from its deep surface a connection with the sutures so perfect as to make several of non-communicating spaces, equal in number to the cranial bones, we have one method of determining the locality of such effusions, by their assuming the form of the bone or not extending beyond these lines. In addition to this I have observed that in cases where the periosteum is detached, if the scalp be drawn upon by taking hold of a lock of hair, it lifts readily from the bone for an extent equal to the surface detached. The sensation communicated to the fingers is so different from that of the sound scalp, as having been once experienced will never be forgotten.

By a reference now to preceding papers it will appear that there are three situations in which swellings from a variety of causes may be seated: *First*—Exterior to the cranial aponeurosis, in the superficial fascia, and distinguished by their being very circumscribed. *Second*—Beneath the aponeurosis and distinguished by diffusion, with a tendency to seek, if fluid, the most dependent situations. *Third*—Under the pericranium and determined by sutural limitation, with looseness of the scalp.

Fig. 12.

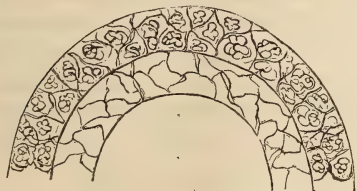


Fig. 12. Exhibits a plan of the structures of the scalp in their relations to each other. The three semicircular lines represent the skin, cranial aponeurosis, and pericranium. The superficial fascia consisting of fibrous bands, and clusters of fat cells is seen in the space between the external and middle. The space between the middle and internal is occupied by the subaponeurotic fascia, destitute of adipose matter.

Cephalæmatoma.—Among the blood tumors of the head, this one of cephalæmatoma has figured largely with authors. By some it is attributed to lesion of the *parietal veins*, by

others to the vessels of the pericranium. That rupture of these veins does occur, and blood, as a consequence, infiltrates into the sub-aponeurotic cellular tissue in new born children is true, but it spreads itself over the head. Yet it is very improbable that these vessels could be the source of blood situated beneath the periosteum themselves being above it. These tumors in the great majority of cases are situated over the parietal bones, but not confined to them; and as the periosteum is very closely adherent to the temporal ridge, such swellings, when extensive, assume the form of the space between the interparietal suture, and that ridge which would resemble a half-moon shaped figure. This latter fact of *form* is another evidence that the seat of the disease is not in the parietal veins, for if the blood was only poured into the space beneath the tendinous expansion of the occipito-frontalis, there is no connection to confine it to the border of the temporal ridge. It is stated by Rokitsky, that co-existing with such tumors are often found effusions of blood between organs and their peripheral coats, having the same relation to each other as the pericranium and bone; for instance between the surface of the liver and its peritoneal coat. If there be any thing like uniformity in such coincident phenomena, it would argue a more general significance than the condition otherwise would indicate. The affection is one occurring most frequently in new born children, and its serious importance will depend first upon the extent of periosteal separation, and secondly, the occurrence of a similar effusion beneath the dura mater opposite, which sometimes takes place. The mutual influence exerted between these two membranous layers, (the pericranium and dura mater) is very marked, and as an exemplification authors adduce one as often followed by a separation of the other. Of the fact there is no doubt, but the explanation sometimes given may be well questioned. *Does the mere separation of one membrane in itself induce separation in the other under any circumstances?* Proceeding on anatomical data, I would say no. Or analyzing the cases in which it does take place, I would say no.

The blood vessels which enter the bones on the outside are derived from the deep trunks of those supplying the scalp and those which enter the bones on the inside from the meningeal arteries. From these two sources a very fine inosculation occurs in the diploe, which may be called the *diploic plexus*, and from which branches are sent into the tables on either side. What is there, therefore, in this disposition of blood vessels to produce the consequence alluded to.

In those cases, where the pericranium has lost its attachment to the bone following effusion of blood or pus beneath the dura mater, and which Mr. Pott believes to be diagnostic of such accidents, the external injury seems to have been entirely lost sight of. Surely the bruising of the pericranium from the violence applied, is quite sufficient to explain its separation. But it may be argued that in cephalæmatoma, where the same condition exists, no violence can be invoked as explanatory. In answer to such an objection, it must not be forgotten that the weight of pathological authority goes to show that in this disease there is marked congestion of the blood vessels of the entire bone, the influence of which would be indifferently felt on either surface, and the cephalæmatoma, therefore, not the disease itself, but a consequence of it.

Periosteal separation often happens without the death of the bone, its reunion being established by an inflammatory exudation from the vessels on the circumference, and sometimes under surface of the detached portion, and its conversion into bone. In tertiary syphilis the pericranium is elevated by the products of the inflammation poured out beneath it, forming a node, the gradual ossification of which becomes one form of osteophyte.

It is possible to have not only a very extensive separation, but positive destruction of the pericranium without death to the external table. Two instances in point are now very prominently before my mind; the one produced by a slough following a burn, and exposing several square inches of the cranial bones, granulations commenced at the margin of the soft parts, and continued to extend until

the whole surface was covered in. The question in my mind, then, was, will not this piece in time be separated and thrown off. Two years after, I had an opportunity of seeing this patient, at which time everything appeared well, without a single evidence of exfoliation. The second case was one which I had the opportunity of presenting to the class at the Philadelphia Hospital during the period of my service in the past winter. The integuments and periosteum had been destroyed by erysipelas having the upper part of both parietal bones denuded. The case progressed to the same termination and in the same way as in the first. Such desirable terminations do not, however, always take place.

In these cases the bone is vitalized from the diploic plexus. Whatever impairs this part is likely to be attended by more serious consequences than such as act on the exterior: in other words, the structure of the bone is more liable to be affected by *central* than *peripheral* influences, as for instance, inflammation or abscess in the diploe.

During the frontier war, when our people were obliged to cope with the Indians, and scalping, one of their modes of warfare, was of frequent occurrence, it is related by Dr. Felix Robertson, of Tennessee, as reported by Dr. Eve, that exfoliation was prevented by a practice introduced at the suggestion of a traveling French surgeon, by boring numerous holes with a shoemaker's awl into the outer table, (reaching, I suppose, the cancellated tissue,) when granulations would sprout through and cover up the exposed bone, and that there were persons at every fort who practiced it.

Veratrum Viride.

By J. R. McClurg, M. D.,
of Philadelphia.

It is probably about four years, since I first began to use the *Veratrum Viride* as a curative agent in my practice; my attention being drawn to it by an article in the *Journal of Materia Medica*, published by that most successful and energetic firm Tilden & Co., of New Lebanon, New York, who certainly deserve the thanks of the medical profession for

the skilful and beautiful manner in which they prepare their medicines. I was at once interested, and induced to believe the American Hellebore to be an active medicinal agent, and having been familiar with its tall, round, striated stem, bright green leaves, and yellow flowers, from childhood, I was most anxious and attentive to witness the effect it produced upon the human system. The *veratrum viride* is unquestionably one of the most active and reliable medicines used by the profession, and its effects upon the system are doubtless, in my mind, produced through the medium of the nervous system, and particularly the sympathetic part of this system. It is a well known fact, that every medicinal agent manifests an elective affinity for some particular part of the frame; opium and its preparations, whether administered by the stomach, endermically, or by injections into the veins, affects the brain, producing narcotism; strychnia affects the brain and spinal marrow, causing tetanic convulsions; prussic acid, coma and tetanus; croton oil, purging; tartar emetic, vomiting; and belladonna, dilatation of the pupil. So *veratrum viride*, when taken into the system, produces its influence, not upon the brain primarily, but upon the *cerebrum abdominale*, that organic nervous centre which sends branches to and presides over the organs of involuntary motion, quite independent of the brain, and imparts power, tone, and energy to them in its normal condition, and weakness and derangement to them in its abnormal state. But if *veratrum* does produce its influence upon the system through the medium of the sympathetic nerve, we should expect to find the power exerted upon those organs under the more immediate supervision of this nerve to be greater than upon those more remote. And this I do believe to be the fact, for we know the heart is most liberally supplied with branches of the sympathetic, and filaments of this nerve follow the arteries and terminate in their cellular coat, and that under the influence of the *veratrum* the heart diminishes in force and frequency from the wildest excitement until it becomes calm and deliberate, even to the very will of the prescriber. But although *veratrum*

manifests its first perceivable effect upon the circulation, it by no means stops here, for it acts upon the lungs as a most valuable expectorant, upon the stomach and bowels as an active purgative, upon the kidneys as a tonic and diuretic, and upon the skin as a diaphoretic. As the most prominent effect of *veratrum* appears to be manifested upon the heart, controlling the pulse more speedily and with far greater certainty than any other known remedy, its administration is especially applicable in cardiac diseases, and in those typhus and typhoid affections in which the circulation is deranged and the pulse greatly augmented.

Mrs. M., laboring under a very serious attack of typhoid pneumonia, had been under my care about seven days, when I became most fearful of the result, for she was gradually sinking under the disease, notwithstanding the most assiduous attention. There was extensive engorgement of the lungs; not much pain; expectoration, slight but most unfavorable; dyspnoea very great; tongue dry and red, and the teeth covered with dark sordes; nausea and a singular dreamy or swimming sensation in the head, aberration of the mind, dry and purple skin from the imperfect oxidation of the blood in the lungs, the pulse 145 per minute and indistinct. As it was not expected by her friends that she could live over the coming night, and being myself quite apprehensive of a speedy and fatal termination, on account of the extensive pulmonary engorgement, I considered it a favorable case in which to try the *veratrum viride*. I therefore ordered her to have five drops of Tilden's fluid extract every three hours, and nothing else, excepting cold water, if she desired it. At my next visit, fifteen hours afterwards, she had taken twenty-five drops of the *veratrum*, and was most astonishingly better. The pulse which was 145 the preceding day, was now reduced to 70 per minute; the skin cool and perspiring; the tongue moist; and the expectoration very free and offensive; the respiration free; the bowels had been freely moved, and the patient expressed herself as quite comfortable. The *veratrum* was continued in five drop doses every four hours through the day, and at my

next visit, in the evening, I found my patient quite weak from every frequent motion of the bowels, evidently the effect of the veratrum, and as the pulse was now reduced to 60 per minute, the veratrum was discontinued and a tablespoonful of brandy and thirty drops of the tinct. of opium given. This had the desired effect of restraining the bowels; after which the veratrum was resumed and continued in five drop doses every six hours during the subsequent treatment of the case, without any other medicine whatever, and her recovery was speedy and complete.

Mrs. G., long afflicted with valvular disease of the heart, and a system reduced and worn out by uterine and other diseases, came under my care apparently in a dying condition. She complained of extreme shortness of breathing and was unable to lie in bed on account of the great tightness and weight in the præcordia and epigastrium; her features were swollen and pallid, constant nausea and dread of death, dropsical effusions of the inferior extremities and within the pericardium. The pulse was flickering and 140 per minute, and as almost every medicine likely to be of benefit in her case had been used, I thought probably if I reduced the frequency of the pulse it might also alleviate that dread of impending suffocation. With this intention I gave her five drops of the veratrum viride every three hours, which in fifteen hours reduced the pulse to 80 per minute, and the patient became calm and had some sleep, which she had not enjoyed for some time. The veratrum was continued until the pulse was reduced to 60 per minute, when it was discontinued; but in thirty hours afterwards the pulse again became 140, and all the former distress and suffering returned with its acceleration. The veratrum was again resumed, and the pulse soon became reduced to 60 per minute, and was thus controlled for days until finally the patient sank under her disease and died.

I could enumerate many cases in which the most decided advantage had been derived from the use of the veratrum viride, but having already trespassed upon your attention and time, must close for the present.

Hip-Joint Disease of the Third Degree —
 Almost entire destruction of the ligamentum teres—Perforation of the joint—Consecutive abscess below the fascia iliaca, communicating with the latter—Circumscribed abscess in front of the spine—Tuberculous deposit in both kidneys, and oviducts—Gray tuberculous infiltration of the mesenteric glands—Death and autopsy

By LOUIS BAUER, M. D., M. R. C. S., (ENG.),

Surgeon to the Long Island College Hospital, Brooklyn, &c.

This most interesting and instructive case refers to a girl, aged fourteen years, who entered the Long Island College Hospital on the 12th of March. Very little could be ascertained as to the health of her family, but that her father died from the effects of injury, that her mother was subject to rheumatic attacks, and that one of her younger brothers had a sore leg and occasional cough; whereas the rest of her brothers and sisters, seven in number, enjoyed perfect health.

Sarah B. had been delicate since infancy, and had suffered from various diseases. Thus her sexual developments were imperfect, and menstruation had not as yet occurred, but the mammary glands were large, and the mons veneris covered with hair. She was of dark complexion, rather yellowish and almost bronzed; and her countenance bore evidence of painful suffering. Skin dry, and nutrition very feeble, with decided loss of flesh. Digestion much disturbed, furred tongue, want of appetite, slight tympanites, and irregular evacuations, constipation generally prevailing. Some fever, with heat, thirst and headache. Excited action of the heart, with the usual nunnery sound of chlorosis; blood decidedly impoverished (anæmic); lungs resonant, and respiratory murmur normal.

Her chief complaint was, however, her right hip-joint, it being intensely painful on motion, contrecoup, and touch. Pelvis elevated, femur adducted, everted, and shortened by about two inches. The flexion of the thigh proved, under chloroform anæsthesia, to be voluntary. Abduction could not be executed, without moving the whole pelvis on the left hip-joint,

the abductor muscles resisting permanently, and feeling abnormally tense.

About the joint, there was some puffiness, a suspicious kind of serous infiltration, so frequently indicative of a deep-seated abscess, yet fluctuation could not be discerned, except posteriorly to the joint where it existed. Though the spine presented the usual simple, lateral curvature appertaining to the obliquity of the pelvis, yet on percussion, no pain was manifested; nor was there any structural change discernible in the pelvic cavity.

As to the commencement of the affection, the patient stated that she had sustained a fall upon her right hip, some eight months ago, causing immediate and continued pain, with subsequent deformity and shortening of the extremity, rendering the use of crutches necessary.

In the meantime, she had been placed under the especial care of a physician, and underwent a treatment of three months duration, yet derived no benefit therefrom.

After using domestic remedies for some months, and growing worse all the time, she came under my care.

As to specified diagnosis, I could not take the case for anything else than the third degree of hip disease, with opening of the joint. But the fact that eversion of the extremity was still maintained, proved to my mind that the aperture of the articular cavity could be but a small one, and that some liquid was still retained. The mobility of the joint being thus restricted, it was, of course, impossible to ascertain the condition of the ligamentum teres. As to the nature of the articular contents, I strongly suspected it to be purulent, although no crepitus could be established; nor was there external fluctuation. Yet her vitiated constitution, the duration of the disease, and the violence of the inflammatory symptoms, admitted no doubt as to the existence of suppuration.

Under these circumstances, the prognosis was utterly hopeless. The disease had long since lost its local and traumatic character; it had become thoroughly constitutional, a complication, with which treatment would grapple in vain.

Ordered generous diet, with ale, and milk, and directed iron, quinine and cod liver oil to be administered. At night, *solutio morphiæ acetatis cum ext. belladonnæ*, to secure rest.

At my next visit, I learned that the patient had passed a restless night, having frequently shrieked so loudly as to disturb her fellow patients. Fever on the increase, and appetite indifferent. Ascribing in part the constitutional disturbances to the nocturnal pains, I decided upon and executed the division of the retracted adductor muscles, and had two cups applied over the joint; after which, the patient was placed in the wire splint apparatus.

This seemed to give her some rest and comfort. She slept evidently better during the succeeding four nights, her disposition improved, and she evinced some desire for food; yet the pulse remained accelerated and feeble, the skin dry and urine saturated. No importance could be attached to the improvement.

On the fifth day, fever increased, preceded by a chill at noon, and accompanied by an intense headache, assuming then more distinctly the character of a bilious typhoid, with low delirium and hypostatic pneumonia. Her sufferings terminated on the eleventh day of treatment.

Autopsy.—Lungs hypostatically engorged, more especially their dorsal portion; the right apex with a few scattered yellow tubercles; the corresponding pleural lining thickened, slightly covered with plastic material, with some faint attempts at adhesion with the costal portion. Along the spine, the pleura was much intumescend and opaque, its cavities containing a moderate effusion. On removing the thoracic viscera, an abscess was unexpectedly discovered in the posterior mediastinum, in front of the spine, and between the ligamentum longitudinale ant. and the vertebræ, commencing at about the third, and terminating blindly at the ninth thoracic vertebra, all being denuded. The heart was well developed, the walls of the left ventricle moderately hypertrophied, yet no mechanical impediment or traces of endocarditis. Right ventricle filled with a post mortem fibrinous clot, extending into the auricle and pulmonary artery.

Liver in a state of moderate fatty degeneration, and not enlarged; spleen of ordinary size and appearance; mesenteric glands considerably enlarged, and infiltrated throughout with gray tuberculous substance. The uterus comparatively small, and oviducts filled with yellow round tubercles, so as to give them the appearance of ova. Both kidneys show circumscribed tuberculous deposits with surrounding nephritis; supra-renal glands eminently developed and indurated.

On examining the right hip-joint, I found the cartilages and synovial membrane pretty well preserved, though changed in appearance, being more white and opaque. The ligamentum teres, with the exception of a few fibres, was entirely destroyed, and around its insertion at the caput femoris, the cartilage was just about to detach itself from the subjacent bone, the cavity filled with inspissated pus, and the fovea acetabuli with a gelatinous substance. No part of the acetabulum or caput femoris denuded so as to cause a crepitant sound. Superiorly to the acetabular insertion of the ligamentum teres, there is a small fissure that passes under the labrum cartilagineum upwards, and connects with a flat sub-iliacal abscess in the fascia iliaca. The contents of this abscess, measuring about $\frac{1}{3}$ iii, are very thick and yellow, and seem to have lost a good deal of their fluidity by absorption. The microscopical examination confirmed the renal and mesenteric deposits, as tubercular. Neither the pus in the thoracic, nor that of the iliacal abscess, revealed the so-called tubercular cells, whereas the pus corpuscles, which had in part undergone fatty degeneration, were roughened, wrinkled, and evidently in process of regress.

The cartilaginous covering of the affected joint exhibited, under the microscope, the peculiar changes characteristic of incipient inflammation of that structure. Some objects presented the cartilaginous cells highly granulated and enlarged toward the articular surface; in others, their transformation into fibro-plastic cells and direct fibres, were noticed, but no pus. If not deceived by the microscope, I have also observed elongated cellular bodies in

the greatly thickened synovial membrane. In fine, I subjected the head and neck of the femur to a careful examination. Neither its consistency, color, nor structure, indicated the presence of tuberculous elements, and the microscope also failed to reveal them.

In connection with the present case, the question offering itself for discussion, is: In what structure did the disease of the joint originate?

It was stated in the ætiology, that the joint had been attacked by pain immediately after a fall, some eight months ago, and it must therefore be inferred that it was previously intact, and that the fall was the remote cause of the malady. Another fact is, that the structure preëminently affected, was the ligamentum teres. It strikes me that this ligament is most exposed to be contused in falls upon the large trochanter; but it is also, by virtue of its vascular endowment, more susceptible to the inflammatory process, than, comparatively speaking, any other structure of the hip-joint. It is another well-ascertained fact, that in almost all somewhat advanced cases of hip-joint disease, the ligamentum teres is invariably destroyed. I, at least, have found it so; and Gurlt, in his admirable work on the pathological anatomy of articular diseases, has enunciated the same from his observations and by his numerous quotations.

There can be no doubt that every case of hip-joint disease does not originate in the same way. It may arise from periostitis, from diastasis, from tuberculous deposits in the cancellated tissue of the caput femoris, &c., Yet in the present instance, the ligamentum teres seems to have been the primitive seat of the disease.

There is another interesting point at issue, namely, that hip disease may exist in a decidedly tuberculous constitution, and be remotely influenced thereby, without being directly complicated with tuberculous deposits. To be sure, the matter of the joint and the iliacal abscess contained an abundance of small granules, but no entire tubercular cells, and the former may, therefore, have originated in the blastema itself, or be the effects of broken

up pus-cells. At any rate, I found no conclusive evidence of tubercular elements in said pus.

The same may be said of the pus contained in the thoracic abscess, which had no direct connection with the malady of the hip-joint, neither anatomical nor casual. That the diagnosis remained imperfect as to this complication, cannot be surprising, as there was no symptom whatsoever, indicating it. The superficial disintegration of the affected vertebræ renders it highly probable that the abscess was the result of periostitis.

Another singularity is the preference of the tuberculous deposits for the kidneys, fallopian tubes and mesenteric glands, instead of the lungs, which, according to statistics, are the chief seat of attraction for tubercular deposition.

Finally, I should take no exception to the opinion of pyemic poisoning in Sarah B.'s case, in the place of bilious typhoid, since both have great similarity. Whether the bronze color of the patient had any causal connection with the evident changes of the supra-renal capsules, I am not prepared to say, since this color has proved to be no pathognomonic symptom of that disease, it being sometimes observed in other diseases, and as often absent in affections of those organs.

Therapeutic Applications of Sanguinaria.

By EDWARD H. SHOLL, M. D.,
Of Warsaw, Ala.

Few of the articles of our indigenous materia medica have as wide a range of useful application as the Sanguinaria, deserving, in many cases, almost the name of a specific.

And first, in its application—as yet unknown, I believe, to the profession—to the treatment of carbuncle.

Premising at first the deep incisions, and the free use of the caustic potash, I have been in the habit of mixing with the powdered root a sufficient quantity of honey to make a semi-fluid mass. This is to be spread on lint or soft muslin, and applied twice daily to the diseased part, proper care being used in removing the discharge. For the first few days, morning

and night, a tablespoonful of the Tinct. Sang. should be given, as an alterative, an effect I am convinced always to be desired in the earlier stages of this disease. This simple treatment possesses an undeniable superiority over any method I am cognizant of, in that it much abbreviates the duration of the disease, and that from the first dressing the improvement progresses steadily and rapidly to a cure. This has been the uniform experience of my own trials with it, and of those to whom I have suggested its use, and I cordially commend it to the profession, hoping they will give it a careful trial, and note its merits.

In its adaptation to the treatment of pneumonia, which, in our south-western country, is prone to assume a typhoid form, gleaned from a wide range of cases, the treatment of which has thus far been uniformly successful, in its curative agency as alterative, sedative, and nauseant, it has few equals, especially when aided with the properly timed administration of quinine. I speak of the disease as it prevails in our section of the country, and do not intend to embrace the pneumonia of every latitude, simply that modified by existing local causes. In all cases ushered in with a decided chill, experience has proved that mercury is positively injurious, and here come into play the admirable virtues of Sanguinaria as an alterative. The following formula was obtained from Dr. Cocke, of Mississippi, who, during an extensive practice of twelve years, I am told, was successful in his management of every case of pneumonia.

R. Tinct. sanguinaria, f3v.

“ opii camph., f3vi.

Spirit pyroxil., f3ss.

Potass. nit. ʒi.

Aquæ, f3iii.

M. Sig. A teaspoonful every two hours.

Using it in this way, coupled with such other remedies as the variations of the disease may suggest, I have been more than gratified in its power of controlling a dangerous disease. In spasmodic croup, whooping cough, and chronic diseases of the liver, I can, from experience, recommend it to the profession as a useful and desirable remedy.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Neill.

Continuation of the Surgical Clinic of April 27.

Fracture of the Thigh.—I will call your attention to a number of these fractures. It is the most important kind you will have to treat, and always gives anxiety to the surgeon. Improper treatment is here a serious matter, and will occasion you disappointment and mortification, and permanent deformity to the patient. I will first show one of a recent kind, and next, those which have any special peculiarity in their nature or treatment.

This man fractured his thigh the day before. It had been enveloped in wet cloths. As he lay upon the bed the foot was everted, and the limb swollen over the seat of fracture four or five inches above the knee. There seemed to be but little shortening. The only true way to measure is by comparing the distance between the anterior superior spinous process of the ilium and the internal malleolus, by an inelastic string. In this instance there is not more than a third of an inch. The reason is seen by examining the limb. Here are cicatrices—three on the inside and two on the outer side. He has had necrosis of the femur, and these cicatrices were fistulous orifices out of which pieces of dead bone escaped. The muscles have become adherent to the bone, and hence there is not much overlapping of the fragments. The patient was dressed before the class. The apparatus applied was that generally used in this hospital, and known as Physick's Desault.

Fracture of the Shaft of the Bone.—The indications to be answered are: 1st, to reduce the fracture, that is, to bring the ends of the fragments into apposition; and 2d, to retain them in this position, by a proper degree of and a properly directed extension and counter-extension.

The apparatus of Desault, which was formerly alone used for this purpose, had two great objections, the one was, that the extending and counter-extending forces do not act sufficiently in the axis of the limb; and the other, that the gaiter used to secure a hold upon the foot, to produce the requisite degree of extension, was very apt to cause excoriation and sloughing of the heel. The outer splint reached from the crest of the ilium beyond the foot.

To obviate the first objection, Dr. Physick modified the apparatus, elongating the outer splint to the axilla. This prevents the patient from inclining to the affected side, and renders the line of counter-extension more parallel with the axis of the body.

A block, grooved on its inner edge, and projecting at right angles to the splint, was placed upon its inner side, 4 or 5 inches beyond the foot, by Dr. Hutchinson. Its object was to render the line of extension parallel to the splint. It is not a foot-board as it is sometimes supposed to be.

To obviate the second objection, the gaiter is thrown aside, as also the silk cravats which were substituted for it, and extension is effected by means of adhesive plaster, as follows: One extremity of a long strip of adhesive plaster two inches wide is attached to one side of the wounded limb, just below the fracture; the strip is then brought down to the foot, care being taken that the plaster is firmly, smoothly and evenly applied to the limb, in its progress downwards the loop below the foot is made by the strip of plaster as it is conducted from one side of the limb to be similarly applied to the other. To take off pressure from the malleoli, a block of wood of sufficient size is placed in the loop, and to this block extending bands are attached; the descending and ascending strip of plaster is more securely fastened to the limb by a few strips of plaster circularly applied to the leg.

Counter-extension is made by a band which is put around the groin, and the ends fastened to the top of the outer splint.

The inner splint extends from the perineum to the internal malleolus.

To complete the apparatus, a splint cloth and compresses are necessary; the former is nothing but a piece of muslin, upon which the broken thigh reposes, and in which the splints are wrapped, so that when pressure is made they may not slip; the compresses consist of bags, made of some suitable material, and filled with bran.

In applying the apparatus, the broken thigh, divested of clothing, is placed upon the splint cloth; the perineal band is passed under the buttock, and the extending bands properly fastened to the limb; the splints are then rolled in the cloth, commencing at the margins, leaving but a very small space between each side of the limb and the corresponding splint; the compresses are laid in this space, and carefully arranged according to the irregularities of the limb.

The fracture is now reduced—the splints pressed firmly against the thigh—the counter extending band is firmly fastened to the upper end of the splint, and then the extending band to the lower end. The splints are maintained in position by means of a couple of strips of muslin encircling the whole apparatus and firmly tied across.

In applying splints you must discard ideas of feet and inches. Make your splints for every patient. Their length depends on how long the man is; and they should be of sufficient breadth to make uniform compression.

With this apparatus we have great power,—as much as is generally required in fractures of the thigh: Screws and windlasses are seldom necessary and are often injurious.

The 2d case was a compound fracture of the thigh, about the middle of the shaft. The limb was shortened $1\frac{3}{4}$ inches, but this does not altogether depend on overlapping of the fragments. He was lame before the accident, from a fractured leg, and states that this limb was much shorter than the other. The wound of the soft parts requires the first attention; at this period, it is more important than extension and counter-extension. The wound was closed by adhesive plaster; but subsequently, slight suppuration had taken place. The treatment was by Physick's Desault.

The 3d and 4th cases were fractures of the neck of the thigh bone, extra-capsular, in healthy-looking men, between forty and fifty years of age.

They had been under treatment eight weeks, by Physick's Desault. By measurement, there is not more than half an inch shortening in either case: this amount will not be perceptible in the gait. There is every prospect of bony union.

The 5th case was that of a boy about seventeen years of age, who had met with a similar accident in the opposite thigh, a year ago, followed by lameness and shortening. This case was treated by Physick's Desault; but the extension and counter-extension were omitted, in order that the two limbs hereafter should be of the same length.

The 6th case was that of a young sailor, who had met with a fracture of the thigh, about the middle of the shaft, at sea, three weeks before his coming into this house. His limb had been kept in an extended position, and there was no eversion of the foot; but by measurement, you will see there is $1\frac{3}{4}$ inches shortening. Extension and counter-extension do not now obviate this, and he will be treated as the last case. The swelling around the seat of fracture was very considerable.

Dr. N. observed that the great secret of success in treating fractures, was attending to the skin; and that not merely the proper application of dressings was necessary, but their maintenance in proper position. They should be constantly watched and re-applied. No excoriation of the heel or perinæum need occur, with proper care.

APRIL 30.

Recent Specimens.—Internal injury from a railway accident. Last Wednesday a man was run over by a railway car, and died shortly after his admission into the hospital.

It needed but a glance to see that the man was very much injured. There were some half dozen ribs broken, a compound fracture of the leg, and

the symptoms of a very severe shock to the system. The patient never rallied.

The post mortem examination revealed the existence of a fracture of the spleen and of the liver.

The term fracture is not inappropriate in this connection; for the viscera before mentioned were actually fractured or broken.

Fracture or rupture of this viscus must almost necessarily prove fatal in consequence of the fatal hemorrhage.

There have been cases of spontaneous rupture of the spleen reported. Dr. N. has seen one.

The liver also is fractured in almost every lobe and along the margin there are deep cracks and fissures.

Such an accident is accompanied by great prostration. The viscera supplied by the sympathetic nerve when injured are always followed by great shock to the system, particularly so when the liver has been the organ injured.

Gun Shot Wound of the Neck, (Post Mortem.)—In regard to the history of this case but little will be said, suffice it to say, that a man while in his own house received a gun-shot wound of the neck, of which he died at the moment of entering the hospital.

The wound of the skin directly over the cricoid cartilage, indicates the point of entrance of the ball, which then passed inwards, breaking the thyroid cartilage, traversed the larynx, and entered the œsophagus, now in a direction somewhat to the right of the median line, and finally, after crushing its way into the sixth cervical vertebra, and fracturing the transverse process, buried itself in the muscles of the neck.

The mucous membrane of the larynx and pharynx was deeply injected with blood; the lungs showed great venous congestion, the natural result of the embarrassed respiration that necessarily resulted from such a wound.

There was great injection of the membranes of the spinal marrow in the immediate neighborhood of the course of the ball through the vertebra.

Progress of Cases.—*Fracture of Condyles of Humerus.*—You saw this child four weeks ago. It is to be discharged to-day. It is brought forward to illustrate how rapidly bony union may sometimes take place; but four weeks have elapsed since the arm was broken, and yet the fragments have completely re-united. The motion of the elbow is very free.

Fractures of the Clavicle.—The negro whose fracture was attended with so much swelling, was again exhibited. Great absorption had taken place.

This white boy is also to be discharged to-day. He has been treated for fracture of the clavicle. I

doubt whether you can say on which side the fracture occurred. There is no deformity, and the shoulder is as good as it was before.

Hydrocele; Radical Cure of by Silver Seton.—This patient was brought into the amphitheatre to-day, to illustrate the changes induced by the silver seton wire.

The scrotum is greatly enlarged, and if the inflammation, existing in such a high degree at present, should give rise to a plastic exudation, the radical cure in this case will be complete. In this man injections of iodine had failed three times. I believe this operation will succeed.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

FRIDAY EVENING, JANUARY 14TH, 1859.

Dr. Maybury, (President), in the chair.

Subject for discussion: DYSENTERY.

(Concluded from p. 129.)

DR. WITTIG's experience did not coincide with that of Dr. G. In the first stage, we have inflammatory action and fever, which we must suppress by antiphlogistics; we do not dare to stimulate. He could not see but that the aloes and rhubarb would increase the irritation. We may also have torpid cases, where congestion exists, without any inflammation presenting. This inflammation is clearly indicated by the tympanitis, etc., whence we are required to use cups, leeches, and even venesection. It was his practice, at first, to give calomel alone, which acts against the *tension* of the blood, destroys the fibrine and diminishes the inflammation. In other cases, where no inflammation appears to be present, he employs emulsions of poppy oil, with nitrate of soda, hyoscyamus, etc. Injections of cold water, vinegar and water, etc., have been recommended as highly beneficial.

When he encountered cases of a torpid character he resorted to tonics and stimulants, as a decoction of columbo with morphia or opium. Against the tenesmus, at the same time, he employed mild emulgent, as the decoction of barley.

DR. WOODWARD thought Dr. G. in his paper had been too narrow in laying down the causes of this affection. Cathartics were doubtless highly beneficial in the removal of irritating causes from the bowels, but other causes existed, and we may and do frequently have a variety of irritating matters in the alimentary canal, without the production of dysentery; thus,

in the Philadelphia Hospital, Blockley, he had observed cases of females who had dysentery as a result of the extension of gonorrhœal inflammation from the vagina. In other cases the disease resulted from the irritation being extended from an inflamed bladder. We also have epidemic influences at work, attacking all classes of the community, but especially the weak and cachectic.

Perhaps one cause might be congestion of the abdominal viscera from exposure to cold and dampness. Another cause was the injudicious use of drastic purgatives, as occasionally is noted in females who employ aloes to produce abortion. In the treatment we ought not to overlook the real nature of the trouble. In private practice it often happens that the anatomical lesions are slight, the cases being mild and recovery rapid, but among the poorer classes, and in low, moist regions, it is occasionally a very terrible affection. The least degree of lesion might be perhaps, irritation with congestion of the mucous membrane. This produces a reflex action, and hence the tenesmus. As it progresses, we have inflammation, and exudation either of pus or mucus; at a later period, or in more violent cases, a rich coagulable exudate is poured out upon the affected surface. This, which essentially corresponded to the exudation in the trachea in croup, consisted of an imperfect coagulated fibrine, in which were embedded granular cells similar to those of pus granules, and occasionally oil globules.

This exudation does not go on to organization, but is afterwards thrown off, frequently in casts, which are sometimes seen of the length of three or four inches, and of the shape of the intestine. When these are detached, excoriated surfaces are left exposed, which sometimes ulcerate, and the ulcerated tissues, in the process of healing, may contract, and even form permanent strictures. If we have dysentery, with diphtheritic exudation and deep ulceration, we cannot cure it by means of cathartics. We must support the strength, and leave nature to relieve the internal trouble. We may apply, also, local remedies to the ulcerated surface, as we do elsewhere. The injections used should be warm, and perhaps failure may often be attributed to their being used cold.

DR. GEBHARD explained that his paper only detailed the results of cases in private practice. This treatment he had pursued for twenty-four years, and with most decided success, and he no longer looked upon dysentery as a formidable disease. He had not seen aloes act as a drastic purge, but it arrests the tenesmus almost immediately, and the next evacuations are feculent, dark, and offensive. It brings away the irritating matters which may have been there for some time, and which gave no trouble to the patient at the time, but from some sudden cause,

as cold, etc., an action is set up in the loaded bowels, and then dysentery is ushered in. We must have something which acts on the peristaltic motion of the bowels, and relieve the tenesmus. etc.

DR. OSLER inquired whether Dr. G. used this treatment in children, and also as to the rate of mortality which had occurred under this plan in the course of his experience.

DR. GEBHARD replied that he did use it in children, but in the very young he generally trusted to castor oil. In those of about 6 or 8 years, he found this treatment of great benefit. He would particularly recommend this method to his brethren of the profession. Concerning the mortality, he would say that the cases generally got well, and were not so protracted as he had observed by other means of treatment.

DR. OSLER remarked that whatever might be thought of the theory propounded in the interesting paper just presented by Dr. Gebhard, the results of his practice must be regarded as eminently satisfactory. They entitle the views he has advanced to the careful consideration of the profession. Although he (Dr. Osler) had employed a treatment entirely dissimilar to the one Dr. G. had found so successful, his adult patients invariably got well. The same treatment had also succeeded in cases of children, but not so uniformly as in adults. The truth seems to be that dysentery is amenable to different, and even dissimilar modes of treatment; and there is probably no one plan that is equally applicable to all cases. If, as the paper under consideration maintains, irritating fecal accumulations in the bowels are the cause of dysentery, their removal is assuredly not an essential condition of cure, for the disease is frequently arrested without any such copious evacuations as had been referred to. Mercurials, or something capable of stimulating the hepatic functions, seem to be generally indicated. He had, in most instances, employed sulphur in preference to mercury, and had sometimes succeeded with the former after the different preparations of mercury had been tried in vain. Astringents and ipecac he never thought of using.

DR. WITTIG remarked further that he acted according to symptoms, relieved irritation, gave tonics for weakness, etc. Hough, a German author, gives large doses of calomel, and then opium and acetate of lead when the irritation is relieved, and with eminent success. Dr. W. often used drastics and calomel, with opium for the irritation of the vascular and nervous systems. He had employed the nitrate of silver, along with the muriate of iron.

Adjourned.

Reviews and Book Notices.

A Practical Treatise on the Diseases of Infancy and Childhood. By T. H. Tanner, M. D., F. L. S., Late Physician to the Hospital for Women, etc., etc. 12mo. pp. 464. Philadelphia: Lindsay & Blakiston, 1859.

We have perused this little work with great satisfaction. The object of the author is to present to the student and practitioner a complete work on the disorders of infants and children within a moderate compass, and we think that he has done so with a degree of success not always attained by those who write manuals of the practice of medicine in any of its departments—for this, after all is all that the work before us can claim to be.

The work is divided into twenty chapters, and an appendix of formulæ. *Chapter 1*, consists of general observations on the period of Infancy and Childhood, and includes vital statistics of great value, exhibiting the average duration of life, and the influence of various causes tending to curtail it, beginning very properly with those to which the parents are subject, even before conception takes place. We wish that this section and the succeeding one on the conduct of women during pregnancy had been treated at greater length. *Chap. 2*, is devoted to the Diagnosis and Prognosis of Infantile Diseases. *Chap. 3*, treats of Infantile Therapeutics. We are much pleased with the care with which this subject is treated. Our author approaches it with the very proper feeling that medicines are not all, or even the principal part of what is necessary in the treatment of infantile disorders. He recommends that medication and other active measures be resorted to with great caution. It is worthy of notice, however, that Dr. Tanner's experience was chiefly with the diseases amongst the poorer classes, and all of them residents of London, (p. 78). Such patients will not, of course, as a rule, require or bear as active treatment as those who live in well-to-do families in the healthful and invigorating atmosphere of the country, while in the former class of patients, diseases will be likely to be of an asthenic type. His enumeration of remedies, though perhaps needlessly elaborate, is in the main judicious. There is one omission that we would mention, viz: that of *alum* under the head of emetics, which is one of the safest, most prompt, and most easily administered emetics we have, being especially applicable in croup. It is spoken of by our author when treating of

The disease of which the King of Naples is said to be dying, is carbuncle.

this disease, but it is worthy of more prominence than he gives it. *Chap.* 4 is devoted to the Management and Education of Children. *Chap.* 5, to the Accidents or Diseases occurring at, or soon after Birth. *Chap.* 6, to Congenital Malformations. *Chap.* 7, to Non-Congenital Deformities, and *Chap.* 8 to Dentition. The remaining chapters are devoted to a consideration of the affections to which the various tissues and organs of the body are subject, and to the constitutional and irritative affections, and the accidents of this period of life.

We will conclude this brief notice by again recommending this excellent manual to the attention of our readers, as well worthy a place among the more elaborate treatises in their libraries on the diseases of infancy and childhood.

Editorial.

THE LATE CONVENTION OF MEDICAL TEACHERS AT LOUISVILLE.

If a convention of office-holders were called to deliberate upon measures to prevent the general government from being defrauded, is there one of our readers who supposes that any measure proposed by an honest member of the convention, recognizing the proper relations between the government and the office-holders, and the duty of the latter to be perfectly upright in their dealings, would meet with general acceptance. No! if they gave utterance to the principles by which they are actuated in their dealings with the government, there would not be wanting men who would insist, though it might be in honeyed phrases, on the inalienable right of all office-holders to poach upon the national treasury, without any interference from the party most interested. If, in the simplicity of his heart, a member should offer a resolution to this effect,

Resolved, That we recognize the right of the general government to prescribe the terms and conditions by which we hold our office, and that all pains should be taken to enforce any rules and regulations recommended by government,

One member would indignantly declare that

he could neither vote for such a resolution nor take part in the future proceedings of any convention that would adopt it. Another, filled with righteous indignation, would eloquently call upon the convention to pause on the threshold, ere they took a step fraught with so much peril to the harmony and best interests of all office-holders, and would unwarrantably construe the absence of certain prominent office-holders into a protest on their part against the general government dictating terms to them. The admission of such a resolution, he would argue, would produce hostile factions in their ranks, whereby their chances of public plunder would be diminished, and he was totally opposed to any measure that would make them better than their predecessors.

Thus whiles away the morning. Dinner over, a member with a full stomach and a clear head, comes to the rescue with a batch of amendments, those parricides of resolutions, the point of which consists in a declaration that the general government has no rights or privileges in the premises, and that it has no business to attempt to throw guards around the public treasury. But this being a little too barefaced, the responsibility is thrown upon others, by the appointment of a committee to report to another convention, and so ends the fray.

We have not been of those who expected anything of the Convention of Medical Teachers which met in Louisville on the 2d instant. We do not believe that it is in the power of the medical teachers of this country to adopt any definite line of policy on the subject of medical education, or to hold to their course if they should. Not that there are not among them those who are really desirous of improving our system of medical education, but the Professors in some of our schools, and particularly those in the third or fourth rate schools, are very jealous of interference with their fancied rights and privileges. They want to manage their affairs in their own way, erect their own standards of medical requirement, subject to the dictation of no one. Certainly this is a legitimately drawn conclusion, in view of the manner in which the recommenda-

tions of the American Medical Association have been received by them.

Twenty Medical Colleges were represented at the convention at Louisville, there being no delegates from the schools of this city, New York city or State, and New Orleans, and but two from the New England schools.

Dr. Dixi Crosby, of Dartmouth College, New Hampshire, was chosen President, and Dr. Geo. C. Blackman, of Ohio Medical College, at Cincinnati, Secretary. A business committee, consisting of Drs. N. S. Davis, of Lind University, Chicago; Gunn, of the University of Michigan; Frost, of the Medical College of South Carolina; Shattuck, of Harvard University, Mass., and Yandell, of the University of Louisville, was appointed, who reported a set of resolutions, which, among other wholesome suggestions, distinctly recognized the right of the American Medical Association to prescribe the terms and conditions on which medical degrees shall be conferred, and licenses to practice medicine shall be granted, and that an expression of opinion as to methods and periods of instruction from that body, should be received with deference and respect, and that all pains should be taken to enforce any rules and regulations recommended by the Association.

These resolutions were opposed with a good deal of spirit, and finally the following preamble and resolutions were passed by a majority of one school:

Whereas, It appears that a large proportion of the Medical Colleges of the United States are unrepresented in this Convention, and no changes in the present system of education can be effectual unless adopted by the schools generally—

Resolved, That it is inexpedient at this time to take any action upon the proposition contained in the report presented by the Special Committee on Medical Education, at the last meeting of the American Medical Association.

Resolved, That with the view of obtaining a more general union in counsel and in action, upon this important subject, this Convention do now adjourn, to meet again on the day preceding the next annual meeting of the American Medical Association, at the place which may be agreed upon for said meeting, and that

the several Medical Colleges in the United States be requested to appoint each one delegate to such adjourned meeting of this Convention.

A committee, consisting of Drs. Yandell, Shattuck, Blackman, Campbell, (of the Medical College of Georgia,) and Gunn, was appointed to take into consideration, during the recess, the various matters referred to in the resolutions, and to report thereon at the adjourned meeting.

After all, there appears to have been a large minority of the Convention in favor of some decided action, leading us to indulge the hope that when the Association does adopt a standard of its own—which it most assuredly will do, sooner or later—the more respectable of the schools of the country will submit gracefully to it.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

As previously announced, the Eleventh Annual Meeting of the Medical Society of the State of Pennsylvania will be convened in this city on Wednesday, the 8th day of June next, at 11 A. M. The session will be held in the Hall of the Department of Arts of the University of Pennsylvania. This meeting will be one of much interest, and there will probably be a very full attendance. The last meeting of the body was not so large as usual, owing to the inclemency of the weather at the time, and perhaps to the distracting influences of the generally prevailing financial afflictions, and other causes extrinsic of interest in the society.

The Committee of Arrangement and Reception appointed by the delegation from the Philadelphia County Medical Society, have made excellent preparations for giving to the visiting delegations a welcome social reception, and to make their brief sojourn amongst us as pleasant and attractive as possible. The Pennsylvania Central, the Philadelphia and Reading, and the North Pennsylvania Railway Companies have, with their characteristic libe-

rality, generously consented to pass the delegates, coming and returning, over their respective roads at reduced fares, upon the presentation of their credentials of appointment. These companies, including the Philadelphia Wilmington and Baltimore Railway, have on many previous occasions uniformly extended similar courtesies to the profession of Philadelphia, both in its collective and individual capacity, and well merit the thanks of the whole profession, which we, in its behalf, cordially offer. Several of the city passenger railway companies have also kindly consented to convey the delegates, during the sessions of the society, over their roads, upon presentation of their cards of membership, in going to and from the place of meeting, and in visiting our literary, scientific, charitable and other public institutions, to which the delegates will have free access.

Evening entertainments will be given by some of our most eminent and liberal medical men, and through the attention of the Camden and Atlantic Railway Company, the delegates will have the enjoyment of a delightful seashore excursion, and an opportunity of visiting the attractions of one of the most popular watering places. At Atlantic City, a dinner offered by the profession of Philadelphia will make a pleasant finale to the entertainments.

The State Society has always been attended and sustained by the most distinguished practitioners in the commonwealth, and harmony has ever characterized its proceedings. A continuance of the same interest and support, and a cautious avoidance of the introduction of any discordant element at its sessions, are necessary to maintain its present high character. These annual reunions, beside their scientific object, accomplish much in a fraternal way, and should be fostered by all who are truly interested in professional welfare.

In alluding to the liberality to the medical profession, which various railway companies evince, we cannot help contrasting, in this connection, their noble generosity with the contracted spirit recently displayed by the officials of a certain monopoly, on the occasion of the assembling, in our neighboring city, of, in many points of view, one of the most im-

portant conventions of medical and other scientific men, that ever convened in this country—whose labors and deliberations will largely contribute towards protecting the health and lives of her citizens, and towards promoting the diversified interests of her commerce. While that monopoly granted free passes to the delegates from non-medical bodies to that convention, it—we record it with painful regret—committed a great indignity to the profession at large by refusing even commutation tickets to the delegates from the College of Physicians, and from the Philadelphia County Medical Society, two of the largest and most influential medical organizations in our metropolis, and together embracing, with few exceptions, almost the entire membership of the profession.

Medical News.

Small-Pox Hospital.—As New York has its Quarantine troubles so has Cologne in Prussia its small-pox hospital troubles. It has so happened that the imperial government desired the erection of an Asylum for the victims of variola, and selected for this purpose a situation immediately contiguous to the Citizen's Hospital in Cologne, but the physicians of this establishment protested against having such a neighbor. The royal council, induced at length to select another site, resolved to build the new hospital upon a lot next to the municipal prison: the announcement of this decision roused the entire population of the vicinity, some of whom dreaded the acquaintance of such a neighbor, some the consequent depreciation of their property—and possibly, some, the danger to the prisoners.

The excitement upon the subject is very great, and the king, and the royal council, and the municipal government, &c., &c., have almost shaken fists at each other.

Mr. Alfred Eccles, of London, in a pamphlet, the title of which is the query—"What shall we do with our lunatics," suggests the system of "domestic segregation," instead of the aggregation system of the large asylums. Early removal from home, avoidance of the society of other lunatics, and "medical care in a family" are the principles advocated.

Medical Convention for Revising the Pharmacopœia of the United States.—The Medical Convention for revising the Pharmacopœia, which met at Washington in May, 1850, provided for assembling a Convention for the same purpose, in the year 1860, by the following resolutions:

"1. The President of this Convention shall, on the first day of May, 1859, issue a notice requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general Convention, to be held at Washington, on the first Wednesday in May, 1860.

"2. The several incorporated bodies, thus addressed, shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors, through their delegates, or through any other channel, to the next Convention.

"3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of this Convention the names and residences of their respective delegates, as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1860."

In accordance with the above resolutions, the undersigned hereby requests the several bodies mentioned to appoint delegates, not exceeding three in number, to represent them in a Convention for revising the Pharmacopœia of the United States, to meet at Washington on the first Wednesday in May, 1860; and would also call the attention of these bodies to the second and third resolutions, and request compliance with the suggestions therein contained.

GEO. B. WOOD,

President of the Convention of 1850.

Philadelphia, May 1st, 1859.

N. B.—Medical and Pharmaceutical Journals will please copy the above notice.

The Gorilla.—This anthropoid, the existence of which has until recently been doubted by scientific naturalists, was the subject of a late lecture in London, by Professor Owen. It is described as an immense tailless ape, between five and six feet in height, and of suffi-

cient strength to snatch a negro from the ground and carry him into the trees. He is said to be a match for the lion, and will drive away an elephant by beating him with a club. The region inhabited by the *Troglodytes Gorilla*, is the interior of Africa, near the equator, and in the neighborhood of the Gaboon river.

Ancient voyagers describe what is believed to be this identical animal, but the first scientific attention to it was by Dr. Savage, from a skull which he saw at the Gaboon river in 1847. Since that time, skeletons and the entire cadaver of the animal, preserved in alcohol, have been placed in the museums of London, Paris, and Vienna. Professor Owen considers the gorilla the nearest approach to man, of any animal; but in this he differs from Dr. Wyman, the American naturalist, and Professors Du Vernoy and Isidore Geoffrey St. Hilaire.

—o—

MARRIAGES.

EVERHART—KISTER.—In Goldsborough, Md., 26th ultimo, by the Rev. Wm. McFadden, Dr. O. T. Everhart to Sallie, daughter of the Rev. Jacob G. Kister.

WALKUP—GERRY.—April 12th, at Woodburn, Hamilton Co., Florida, by Rev. John L. Gerry, S. A. Walkup, M. D., to Mary Marion, second daughter of the officiating clergyman.

TUCKER—CHAPIN.—In New York, May 10, at No. 134 West 38th street, by the Rev. Thomas S. Hastings, Dr. C. P. Tucker to Miss Georgie M. Chapin, all of that city.

—o—

DEATHS.

We have just received intelligence of the death of the distinguished Naturalist, ALEXANDER VON HUMBOLDT. We shall in a future number give a more extended account of the life and labors of this remarkable man.

BÉGIN.—M. Bégin, late President of the French Army Medical Board, and a distinguished military surgeon, died recently.

BAMFORD.—The *Lancet* records the death of W. Bamford, Esq., Surgeon, of Staffordshire, a veteran practitioner, aged eighty-four years, and who had been in practice *fifty-five* years.

PARTRIDGE.—In this city, on the 11th inst., O. H. Partridge, M. D.

A RARE CHANCE IF APPLIED FOR IMMEDIATELY. A Physician, whose health demands his absence from the City a part of the time, would receive upon reasonable terms, an energetic and well qualified physician as an associate in a practice worth about \$6,000 per year; or would introduce a successor. For particulars, address "Medicus," Madison Square Post Office, New York.

ADVERTISEMENTS.

NATHAN STARKEY,

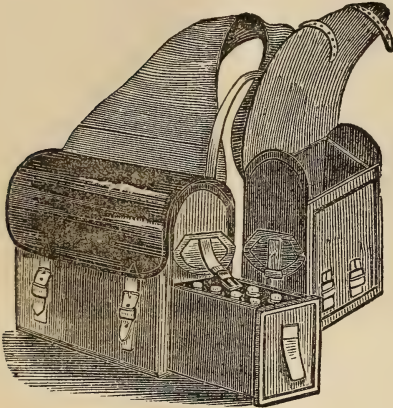
MANUFACTURER OF
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable
Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather,
with Pat. Leather Covers. Flat Pattern, with Pockets. Box
Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11 " 20 1 oz. " " "	9 50
Ext. " 11, " 24 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 " "	19 00
No. 3, " 48 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " "	8 50
No. 8, " 15 " " " " "	6 50
No. 9, " 14 " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mount-
ing, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints,
Syringes, &c.

Manufactures to order and keeps constantly on hand a general
assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen
about to commence practice would do well to call and examine
his large assortment of Instruments. 118

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses
and within one square of a Passenger Railway,)

PHILADELPHIA.

This institution has been established with a view to combine
all the best hygienic and medicinal means in the treatment of
Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M. D.

Consulting Physician,—PROF. SAMUEL JACKSON, M. D.

Application for admission may be made to the Attending Physi-
cian daily, (Sundays excepted,) from 11 to 12 o'clock. Applica-
tions in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, Sec'y,

No. 107, t. f.

Box 1738, Philadelphia P. O.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,
32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was
engaged, for a considerable time, in the most celebrated work-
shops of Paris, Belgium and Germany, and does not hesitate to
say, that there is no instrument, however complicated or
minute it may be, whose construction he is unacquainted with,
or which he could not manufacture.

Deeply impressed with the responsibility attached to the
maker of Instruments employed by the Surgeon, he will furnish
no instrument without a conscientious certainty of its being as
perfect as it is possible to make it.

As he has during the last three years been present at the op-
erations performed at the Surgical Clinics of the Colleges and
Hospitals of Philadelphia, he trusts that he understands fully
the wants of the Profession in this important department. He
asks attention to his Artificial Legs, Arms, and Club-foot Appa-
ratus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hos-
pital.
Henry H. Smith, M. D., Professor of Surgery, University of
Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Penn-
sylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical
College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical
College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Lewis, M. D., " "
Isaac Hays, M. D., " "
P. B. Goddard, M. D., " "

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). The REPORTER is ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 *in advance*; single copies, *ten cents*. The REPORTER will only be sent to those who pay for it. *Notice* will be given to subscribers at the termination of their subscriptions. Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D.,
R. J. LEVIS, M. D., } Editors.

Single copies can be obtained and subscriptions made, at Lindsay & Blackiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago.

Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are *ten volumes*, and they contain a very large amount of practical information, besides a large number of *steel engraved portraits* of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

J. M. MIGEOD,

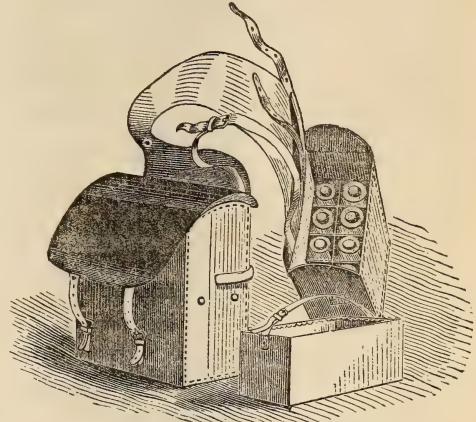
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " and	\$9 50
No. 2, containing	10 1 oz. " " " and	8 50
No. 3, containing	8 1 oz. " " " and	7 50
	8 1/2 oz. " " " and	

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " " "	
" " "	4 Pots, " " " and	\$19 00
" " "	1 Mortar, " " " "	
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " " and	\$15 50
" " "	1 Mortar, " " " "	
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " " "	
" " "	4 Pots, " " " and	\$12 00
No. 4, containing	20 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " " "	
" " "	18 1/2 oz. " " " "	
" " "	4 Pots, " " " and	\$20 00
" " "	1 Mortar, " " " "	
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " " "	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " " and	\$16 50
" " "	1 Mortar, " " " "	
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " " and	\$13 00



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition.) fifty most honorary award^s from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,
ABDOMINAL SUPPORTERS,
Shoulder Braces,
LACE AND ELASTIC STOCKINGS,
SPINAL APPARATUS,
AND INSTRUMENTS FOR ALL DEFORMITIES.

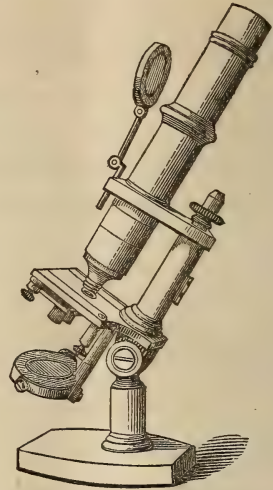
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size. Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Uri nometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA SURGEONS' BANDAGE INSTITUTE.

(PATRONIZED BY THE MEDICAL FACULTY.)

No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings. (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartment for Ladies, under the superintendence of Mrs. Everett 126-y.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin Square. Artificial Teeth in entire or partial sets; Obturators, Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

127

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 136.

PHILADELPHIA, MAY 28, 1859.

{ NEW SERIES.
{ VOL. II. NO. 9.

Lectures.

LECTURES

ON

DISEASES OF THE SKIN.

By M. HARDY, one of the Physicians to the Hôpital St. Louis, Paris, (special hospital for diseases of the skin.)

No. 2.

By R. BOLLING, M. D., of Philadelphia.

DARTRES.—*Of dartrous affections in general.*—Under this denomination of *dartres* we understand those affections which manifest themselves usually on the skin, having for cause a peculiar vice of the system, that we call a *dartrous diathesis*. The word *dartre* is an old French word, which replaced the Latin and Greek words *herpes*. By these words, which had no precise signification, the ancients designated the chronic diseases of the skin that had a tendency to spread.

This is why the word *dartre* wanted in precision, presenting no other idea than that of chronicity.

When Willan and Bateman wished to clear up the chaos of cutaneous pathology, and arrange with some exactitude and precision the definition of terms under which the diseases were known, they pointed out, without any difficulty, how the word *dartre* was vague and indefinite; but instead of trying to give to it a strict special signification, they thought it useless, and suppressed it from the nosological vocabulary. Nevertheless, in spite of the English school and its representatives in France, Biett, Gibert, Cazenave and Devergie, this proscription was not definitive. Alibert tried, but without much success, it is true, to restore it to its proper place.

This word *dartre* has ever remained with the public under its signification of an inveterate *chronic*, constitutional disease of the skin. It is from the public that we now take it, to restore it to its proper rank and place in cutaneous nosology. But this *place* can only be legitimate and proper, on condition that we give to the expression a precise or exact signification.

We will call, then *dartres*, those affections of the skin of different elementary lesions, not contagious, often hereditary, reappearing constantly from time to time, presenting for principal symptoms, *itching*, disposition to extend, chronic course, the cure taking place without cicatrices, although some of the forms are accompanied with ulcers. From the ensemble of these characters, hereditary tendency, readiness to extend or spread on the surface of the body, &c., we come logically to think that the *dartres* are not only due to a local state, but also to a general disposition of the economy that the ancients called a *dartrous vice*, sometimes even the *dartrous virus*, "*virus dartreux*." This last expression, *dartrous virus*, was clearly improper, for the products of a *dartrous* manifestation have not the essentials of a *virus*, viz: its transmission by inoculation. This *dartrous virus* served a long time as the basis of attacks against the classification of *Alibert*.

We reject altogether the term *virus*, but we cordially adopt the existence of a *dartrous diathesis*, which no one, now-a-days, can deny the reality of, and all must be convinced, that the word *dartres* applies to a very natural family of cutaneous affections.

Often the *dartrous diathesis* is completely latent, but in a great number of cases the at-

tentive observer, even when there is no eruption, can observe particular characters and special symptoms which have not yet attracted the attention they deserve: these I will try to call attention to.

Symptoms.—Dartrous persons, although having the appearance of good health, are in a state far from it. Their skin is dry, perspiration difficult and irregular. Often, too, the skin is the seat of violent itchings, even too, in the absence of all eruption. These itchings manifest themselves particularly about the anus, and are sometimes of great intensity. The appetite is good; it is a fact, well known and established, that dartrous patients consume more food than other patients in analogous situations; that is to say, without fever. Another important particularity is the extreme susceptibility of the skin, and the ease with which it is affected by light and passing causes and influences. It may be by a general excitation, as alcoholic excess, sitting up late, use of coffee, of certain food, as pork, lobster, crawfish, muscles, crabs, oysters, clams, etc., etc., or a local excitation, as irritating frictions, application of a plaster, etc., etc., which may give rise to an eruption, often ephemeral and not of a dartrous nature, but which awakens a particular disposition of the economy, and shows the existence of a latent vice, which has need only of a favorable opportunity to manifest itself. This excessive susceptibility of the skin ought to render such persons very choice in the selection of their food, and the physician prudent in the employment of certain local remedies in these affections.

The manifestation of these different phenomena is almost always the indication more or less distant of the dartrous diathesis—at last it breaks out. It is then characterized by different kinds of cutaneous eruptions, vesicles, papules, scales, but their elementary lesions are never isolated, in a manner to form from the eruptions constant anatomical characters. Often they are associated and united for a little while or during the whole course of the disease. This is the reason why we do not attribute to these primitive manifestations all the importance that Willan, Bateman,

Bielt, and their pupils accorded to them. Once developed, *dartres* remain rarely circumscribed to a single point of the surface of the body; they have a great tendency to manifest themselves on several regions at the same time, or to cover a large surface of the body. Sometimes the disease advances by degrees, or develops itself simultaneously, on points more or less distant from one another. Another and more important character of these diseases is the symmetry with which they develop themselves, that is to say, that often they affect two corresponding parts of each side of the trunk or members.

The third character is the existence of itching, which acquires sometimes an intensity which renders it insupportable, in fact a veritable torture for the unfortunate patients, principally in the night when they occasion the most dreadful and enervating insomnia. Ordinarily it diminishes in the morning, but increase towards evening; sometimes there is a burning sensation, very painful, and even lancinating pains.

These different eruptions are generally accompanied with ulcerations, sometimes extensive in surface but not deep, and which cure up always without cicatrices. In certain cases these ulcerations leave behind them violet or redish colored spots, which are nothing but a passing alteration of skin. These spots exist a while and then disappear of themselves completely, the skin becoming as healthy as before. It is this that one sees on the face of young children in cases of impetigo, forming thick crusts, and at which the parents become so frightened, fearing that it will leave scars and cicatrices; they always heal up without cicatrices or any other trace.

We must add, that in some cases principally of the inferior extremities, the dartrous diseases may in disappearing leave bluish or black spots which persist for a long time.

It is not only at the surface of the skin that dartrous affections manifest themselves and extend, for we observe them sometimes spreading along the mucous membranes which are continuous with the external skin.

Thus dartrous affections of the face gain or

extend to the mucous membranes of the eyes, and produce there a specific inflammation, or gaining the mucous membrane of the mouth produce a kind of stomatitis, or extending to the auditory canal produce through inflammation a dryness and hardness which may bring about a slight deafness. Dartrous affections of the lower part of the body extend often to the anus, the bladder, and to the vagina. There results from this latter oftentimes intense leucorrhœa, which should of course be considered of a dartrous nature. We observe also associated with *dartrous* affections some other symptoms of internal disease—a cough, a granulated form of pharyngitis and laryngitis. This has been particularly noticed by MM. Boulaud Fontan and Gueneau de Mussy.

A chronic bronchitis with an abundant secretion of mucous is sometimes observed, gastralgia and gastric enteritis may also be referred to a dartrous diathesis sometimes.

With some patients it will be found impossible to relieve an obstinate cough, etc., except by exciting a cutaneous eruption by the aid of sulphur baths. However, this dartrous bronchitis, gastritis, and enteritis, etc., is not so common as certain authors formerly thought, and who from fear of internal diseases laid it down as a principle that it was improper to cure up external dartrous manifestations. We do not believe in this: it is only an exaggeration of a fact, and must not be accepted without considerable allowance and limitation. It is rare that dartrous affections are accompanied with general phenomena; we must except however the period of invasion in cases in which they assume an acute form; they then are accompanied with a little general uneasiness, pain in the limbs, fever, etc. This latter is observed very rarely, except in cases of eczema, more particularly eczema rubrum, which lasts for six weeks or two months, the extreme limits assigned to acute diseases.

Course.—The course of dartrous affections is essentially chronic, we do not mean to say by this, that in some few cases they do not assume an acute form. This acute state is observed principally in some varieties of eczema, impetigo.

We repeat, that in the majority of cases the disease is prolonged with a variable intensity during months, and even years. Nothing is more common than to see patients, who are tormented all their life, with only short intervals of remission. We are naturally now brought to speak of the relapses, returns or recurrences, one of the fundamental characters of this group of affections.

The recurrence is almost a certainty in diseases of a dartrous diathesis, and we can affirm, without fear that the fact will be denied, that the cure of a dartrous eruption, from its first attack and disappearance, is a *rare* exception. And when we see the disease in a person of adult age, we can affirm, also, with almost perfect certainty, that there have been before this similar eruptions. Of all the dartrous manifestations, the most tenacious, and the one which reappears with most obstinacy, is *psoriasis*. When we have by treatment caused a dartrous eruption to disappear, we may rest assured that we have cured only the local affection, not triumphed over the diathesis. The time and mode of succession of these relapses or returns, are varied, being subordinate to conditions of temperament, age, regime, kind of life, and habits of individuals. Sometimes they manifest themselves after several weeks, or even months, then again after the lapse of years, and in some cases 15 or 20 years may pass.

Terminations.—After the details that we have already given, there remains very little to be said about terminations. Cure is *rare*. Nevertheless there exist some examples in which the disease has yielded to a proper treatment a long time persevered in, or else has disappeared spontaneously, owing perhaps to a great modification in the economy, brought about by favorable hygienic conditions, which have, so to speak, worn out the dartrous diathesis.

But in these exceptional cases we must be very reserved and circumspect, if we would avoid a sad illusion, for often the diathesis is latent, it only sleeps, and is merely waiting for an accidental cause to develop it on the surface.

Diagnosis.—In the diagnosis of dartrous affections, we must not content ourselves with the examination of the external characters—the elementary lesions, so called. We must observe, first, the external ensemble of the disease, its extent, its mode of development, the existence of itching, but above all, we must question the patient in regard to his general health, in regard to his ancestors and descendants, in order to make up our minds as to the diathesis. This made out, we can next determine the different forms of the manifestation, and it is only after we have determined upon the diathesis that we can justly appreciate the value of recognizing local lesions, as the serous secretion of eczema, the peculiar roughness of lichen, the large, thick scales of psoriasis, and the fine, thin ones of pityriasis. As to the precise diagnosis of the varieties, it is often very difficult to make out, and as regards the treatment, it is of very little importance.

Prognosis.—Dartrous affections of themselves are not grave, that is, do not seriously endanger life, at least in an immense majority of cases. They are more troublesome than dangerous. Nevertheless, with certain old persons they have a certain gravity, on account of the feebleness that they occasion, either by the sleeplessness of the patient, or else weakens by the abundant secretions, as occurs in eczema. This debility in these patients has also this inconvenience: united with age, it diminishes the power of resisting morbid influences. This gives rise to a question which has been long a subject of dispute, and has been differently solved by the authorities. Is it dangerous to cure up these dartrous affections? The answer to this will solve also the former question. Can we have repercussion from a dartrous affection, that is to say, can an internal disease be developed by the simple disappearance of a dartrous eruption? This repercussion was much talked of formerly; but we believe that in these pretended metastases, imagination and theory were more relied on than an observation of facts.

For example, in the course of a dartrous affection, a visceral disease, a little grave, develops itself. The cutaneous affection yields the

place to the internal malady, and when it is cured the skin disease returns again. The effect is often taken for the cause.

We assert, then, in a general manner, that it is not dangerous to cure up these dartrous affections. We will make an exception of some rare cases—an exception of great importance in practice. In some dartrous patients suffering from asthma and pulmonary catharrhs, it is often remarked that the accesses of suffocation are more rare and slight when the eruption is at its height, and that suffocation is more frequent and serious when the external affection is cured, or even diminished in extent. Under these circumstances, the physician ought to respect the cutaneous affection, at least within certain limits. It is the same in certain cases of gastralgias, neuralgias, etc. Apart from these complications, we believe that we can and ought to undertake the cure of dartrous affections.

Etiology.—Dartrous affections occur in persons of all ages, in children as well as in the advanced in life. In these latter the existing disease is sure to have been preceded by former attacks, and dates back often a number of years.

In fact, it is *very* rare to observe an eczema in an old person, who has not had already several eruptions, and in whom the first appearance does not go back to youth or infancy. The two sexes seem equally predisposed. All temperaments present examples of dartrous diathesis, but different forms of the disease seem to affect certain and special temperaments. For example, eczema shows a preference for the lymphatic, lichen for the nervous, and pityriasis is observed more frequently in persons of a bilious temperament, while psoriasis seems to have a predilection for the sanguine temperament.

The seasons do not play so important a part as some would have us suppose. We have observed that the eruptions manifest themselves mostly in spring, and the commencement of winter, the two most marked changes of the seasons.

Accidental causes alone are not sufficient to produce the diathesis, but they hasten the

manifestation if the diathesis exists. In the first rank of these accidental causes, we must mention excess at table, abuse of strong drink, prolonged watchings at night, wakefulness, moral emotions, disappointments, irritating pomades, frictions, certain accidental diseases of the skin, as itch, (acarus.) Among these accidental causes we ought to place certain professions, as that of distiller, baker, cook, grocer, blacksmith, engraver on steel, and manufacturer of certain chemical products.

Original Communications.

On Incisions into the Joints, in Cases of Synovitis. Articular Wounds in general, with Remarks.

By E. S. COOPER, M. D.,

Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific, San Francisco.

From the earliest period in the history of Surgery, up to the present time, wounds of the joints have always been regarded as more serious than most other wounds, and those of the knee-joint especially so. In fact these latter wounds have so often resulted in the destruction of the limb, if not the life of the patient, that they have in some regions of country become the subjects of dread among practitioners who meet many cases, but conduct few to a favorable termination.

Thus a wound made by the corner of an adze, a hatchet, or even a penknife, through the synovial sacs of the knee-joint has frequently resulted in a high grade of inflammation, suppuration of the articular extremities of bones, ankylosis, and sometimes hectic fever and death. This subject has by no means been exhausted by surgical writers. There is much of practical value yet to be developed in regard to it. I am fully convinced, from experience, observation, and reflection, that large or free wounds of the joints are very little, if at all, more dangerous than wounds of corresponding size in other structures. I am convinced by experience that the knee-joint can be freely opened, either by acci-

dent or design in a healthy person, and seldom gives rise to constitutional disturbance.

I have seen many cases where the knee or ankle-joints were opened by shockingly lacerated wounds, and yet I do not remember to have seen a case in which a great degree of constitutional irritation supervened from that cause. On the other hand, these wounds have invariably healed kindly by granulations, and the result has been a complete restoration of motion in the joint when properly treated.

In the early part of my practice, my location was in a region of country, where wounds of the joints were frequent, particularly those of the knee, so that I had very favorable opportunities of noticing their results. All my experience tends to confirm in my own mind the following propositions, viz:

That large wounds, or those opening freely the knee-joint, are inclined to heal kindly by granulations, and if properly treated, to result in a complete cure, while a small punctured wound which heals on the external surface by first intention, often, if not generally results in the highest possible grade of inflammation, frequently passing rapidly into suppuration and destruction of the joint, if not even of the life of the patient. The cause of the immense suffering which results from these small wounds of the knee-joint has been the subject of much profitable speculation heretofore, and is not by any means understood at the present day, though medical men of the most profound minds have devoted much attention to its consideration, from the earliest period in the history of medicine up to the present time.

But let me say here, that it is not by consulting old authorities, that a practitioner is enabled to obtain judicious counsel in regard to these injuries.

A patient receives a wound of the knee-joint half an inch in length by some sharp instrument, such as an adze, hatchet, axe, or penknife.

The wound heals by first intention on the outer part, and the patient pursues his business for a week or ten days apparently well, not supposing for a moment that mischief is brewing. Suddenly however, when he least

expects it, the region of the wound inflames, and the inflammation rapidly extending, soon involves the structures of the whole joint. The pain soon becomes severe, almost beyond endurance, and purulent matter fills the space between the tendons which pass over the joint, destroying by ulceration and suppuration their enveloping bursæ mucosæ, and continuing, fills the thigh with purulent secretion up to the hip.

Not unfrequently the matter finds its way into the knee-joint during the early stages of the inflammatory action, destroying by the ulcerative process the articular surfaces. The destructive process does not, however, always stop here, but continuing, hectic fever is induced, and with copious night sweats and a high grade of constitutional irritation, the patient is not unfrequently borne down to the grave.

The best result that can be expected as a general rule in these cases, is an ankylosis more or less complete at the end of several months' suffering. But while slight wounds of the knee-joint give rise to disastrous consequences, large lacerated wounds as often granulate kindly and cause little trouble. In the first class, the external wound heals before the sheath of the muscle; and in the bursæ mucosæ and purulent matter is formed, which cannot find its way out.

Reasoning upon this basis, I decided upon the practice of laying open the joints freely in such cases, carrying out nothing but a long-established practice, viz: that of opening the phalangeal articulations freely in cases of felons, where matter burrows beneath the periosteum, and within the joints. The only difference I am able to see between the two operations is this, viz: that in the one case, the operation is performed upon a small joint, while in the other, it is performed upon a large one. But reasoning a priori, why should not the treatment of all joints in which matter burrows, be the same? Have they not all capsular ligaments and synovial membranes the same? The chief difference consists in the size of the different joints.

Then is it not plain, that if opening the phalangeal joints freely is generally followed

by instant relief and a speedy cure, in cases of felon, we have reason to expect a corresponding result in cases of opening the femoro-tibial articulation, where a high grade of inflammation is accompanied with the burrowing of matter in that joint.

Case.—Mr. T. R., aged 20, received a wound of the anterior part of the knee, by a hatchet, on the 20th day of February, 1858. The wound was small and healed by first intention; and being to all appearance perfectly well, he kept at work as usual, not entertaining the remotest fear that the joint would be liable to a dangerous inflammation. On the 1st day of March, however, the knee-joint became painful and began to swell. The highest possible grade of inflammation rapidly followed, accompanied by that intense suffering characteristic of such conditions of this joint. All remedies, both local and constitutional, failed to give even temporary relief.

During the 2d, 3d and 4th days of March, he took from three to four grains of morphia, in twenty-four hours, without being able to obtain even temporary relief from the pain. On the 5th day, fluctuation could be distinctly felt all over the joint.

Treatment.—My treatment consisted in opening the joint by an incision eight inches in length, and the subsequent administration of sedatives and diaphoretics. A piece of lint was laid in the track of the incision, and permitted to remain for ten or twelve days. Cold applications were made to the part for twenty-four hours, when these were changed for poultices. At least one and a half pints of purulent matter was discharged from the wound, as soon as the incision was made. This had burrowed within and about the joint. The patient experienced immediate relief, and slept well afterwards, without the use of any opiates. He recovered rapidly, and in less than two months, resumed his work, without the least pain, want of mobility, or other inconvenience about the joint.

The progress of cure in this case, was noticed by Drs. Holmens, Finnigan, M. B. Angle, and Professors J. Morison, Isaac Rowell and R. B. Cole.

The wound made by the knife, was kept

constantly open, until it gradually healed by granulations from the bottom. I have had other cases similar to this, but presenting no features differing, worthy of detail.

Remarks.—I believe this method of treatment is not entirely new, though perhaps rarely practiced upon the bold scale here recommended. I am convinced by experience, that it is the only method upon which any reliance can be reposed, for the speedy cure of these cases.

In fact, I think we might as well expect felons to terminate favorably, without the use of the knife, as that synovitis of the knee-joint should result in a cure, without an incision, after purulent matter has formed in and about it.

In all cases, when I open joints for the discharge of purulent matter, I institute a gentle, but forced, motion as soon as the surfaces of the parts incised begin to suppurate freely, which is generally in from four to six days.

If this motion cause considerable pain, I defer it for a few days, but never lose sight of the fact, that motion is to be regarded as not only necessary to the ultimate usefulness of the joint, but that when judiciously resorted to, it may be made to facilitate the cure, by assisting the discharge of purulent matter, as well as any pieces of exfoliated bone which in these cases are liable to be thrown off, and the retention of which within the limb, is liable to become one of the causes of most protracted suffering, by renewing the inflammatory action, from time to time, for months, or even years. It is not requisite, as is generally supposed, that joints in this situation should be kept quiet. No greater mistake than this could be committed. But it is only when a free opening exists for the discharge of matter, that motion is proper, because motion of a joint which has matter pent up in it, would only cause the matter to burrow more extensively into the surrounding parts; but my opinion is, and I insist upon its being taken as correct, until proof is given to the contrary, that matter should never be permitted to remain pent up, about any joint, because the mere opening of

a joint is attended with but little, if any, more pain or danger than that of opening other parts. Nor does the subsequent admission of air into the joint, cause any increase of irritation, as has been supposed.

The grand mistake, heretofore committed, was not in permitting air to be admitted into the joint, but in not keeping the external wound sufficiently open to admit of the free discharge of serum and purulent matter. But for the length of my remarks already, I would detail some cases in which I have operated for the extraction of extraneous formations from the knee-joint, by making free incisions into it, and afterwards keeping the wounds open, as above recommended, with the best results.

Carbonate of Ammonia in Measles.

By S. N. PIERCE, M. D.

Of Cedar Falls, Iowa.

Having seen carbonate of ammonia used in scarlatina with excellent results, I was induced, about two years ago, to try its effect in measles. Since that time I have used it extensively in that disease, and with most satisfactory results. For some months past this disease has been prevailing in this vicinity quite extensively, and in a very severe form. In nearly every case that I have been called upon to attend I have prescribed carbonate of ammonia, and in *every* case when this has been given, has the disease come to a speedy and favorable termination. The medicine should in all cases be given early in the disease, before the eruption appears, or just as soon as it makes its appearance. My usual prescription is:

R. Ammoniae carb., ʒi.

Aquæ camph., fʒiiss. M.

Dose a teaspoonful three times a day, of course varying the dose according to age of the patient, and other circumstances.

—o—

At a meeting of the London Pathological Society on the 5th ult., a death from hemorrhage following rupture of the gall bladder, was reported.

The distension and rupture was caused by impaction of a biliary calculus in the gall duct.

Modified Operation for Contracted Fingers —Sliding Backward of the Cicatrix, and Partial Transplantation over the Denuded Articulation.

By A. G. WALTER, M. D.,
of Pittsburg, Pa.

The relief for contraction of the fingers, from burns or laceration, by the various methods of operation hitherto resorted to, is often of but temporary duration or imperfect. Incision of the scar, excision of the contracted dermis, ablation of it with separation of the cutis from the sides of the finger, a longitudinal incision over the dorsum, with approximation of the raw surfaces over the vola of the finger, are either uncertain in their result or too painful in their execution. A more simple or effectual method of accomplishing the desired end suggested itself to me some time ago, and has been successful in every instance in which it was resorted to. Considering it sufficient that healthy skin *over the contracted articulation only* need be procured, the rest of the wound being left to cicatrize by suppuration, the sliding backward of the scar and transplantation of healthy skin over the palmar face of the contracted joint was put into practice. The following case will demonstrate the manner of proceeding, and its successful result.

Margaretta Miller, 15 years of age, employed in a cotton factory, had her left hand caught on the belt of a drum, by which the palmar face of the hand over the articulation of the second and third metacarpal bones, with the first phalanx of the second and third fingers, were lacerated, the flexor tendons of the two fingers being denuded as far as the middle of the second phalanx. Cicatrization was effected at the end of nine weeks, during which extension of the finger was neglected. Both fingers were contracted to a right angle at the joints, between the first and second phalanx, in which position they were held by a very rigid cicatrix.

On October 21st, 1858, relief was attempted in the following manner. The hand being placed upon its dorsum, with the finger held extended as much as possible, a sharp pointed narrow bistoury was thrust under the

scar, near the web, from one side of the finger to the other, over the articulation of the first phalanx with the metacarpal bone, and drawing it forwards as far as the scar extended, a V-shaped flap, with its apex towards the point of the finger, was excised, which, on extending the finger, glided backward towards the vola; free extension of the finger, however, could not be accomplished on account of structural contraction of the flexor tendon. The same operation was performed upon the third finger. To cover the volar aspect of the joint between the first and second phalanges, a flap of skin was borrowed from each side of the finger by an incision commencing some distance from the web, near the dorsum of the finger, and extending it obliquely forward, past the articulation of the first and second phalanges, into the first incision which had been made by the liberation of the scar. A similar flap was procured on the other side of the finger, both being V-shaped. Thus three flaps were formed, their apices directed towards the point of the finger, and their bases towards the palm of the hand. The two lateral flaps now being extended, met easily over the denuded articulation, and were united by a fine silver suture. The retracted middle flap of the cicatrix was laid smoothly down upon its bed, and retained in this position by narrow strips of adhesive plaster. Cold water dressings were applied for the first day, to be succeeded by tepid poultices of flaxseed meal. Gradual extension of the fingers, by a dorsal splint for the hand and fore-arm, was simultaneously commenced, no constitutional disturbance following.

In three weeks, cicatrization was completed, the fingers being extended. The new flaps over the phalangeal joints adhered by first intention, while the rest of the wound over the vola of the fingers cicatrized by suppuration. No subsequent contraction of the fingers could any more take place, healthy skin having been united over the articulation of the contracted joints, a true barrier to consecutive contraction. Success cannot fail by proceeding in this manner, the principle being a correct one. The old scar is thus saved, and allowed

to glide backward, protecting the articulation between the first phalanx and metacarpal bone, while part of the palmar wound which its retraction has occasioned is covered with healthy skin over the phalangeal joints. The intermediate space between the point of the retracted cicatrix and transplanted flaps over the joint of the finger, though healed by cicatrization is free from future shortening, being extended over the face of the phalanx, it receives its support from the same.

The fingers remaining straight and useful after a lapse of more than six months, the cure must be considered permanent. Success having followed in similar cases, I do not feel any hesitancy in submitting the result of this operation to the professional reader, fully convinced that its merits will be acknowledged when fairly tried.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

[Reported by T. A. DEMMÉ, M. D.]

Service of Dr. Levick.

MAY 4, 1859.

Dr. Levick on commencing his term of service made the following preliminary remarks :

I have never entered on my duties here with a deeper sense of the responsibility thus incurred, than I do at this time. This responsibility is of two kinds—the first, that which belongs to the care of the large number of the sick now in our wards, and the second, that which attaches to my position here as a teacher of clinical medicine. Important as I feel the first to be, I consider it even less so than the duties of the latter, which involve the enunciation of sentiments, and the advocacy of modes of treatment, which may affect for good or for evil the practice of many of you hereafter. You will find, gentlemen, that I am no unbeliever in the action of medicines, and I should deeply regret that any of you should fall into that state of infidelity with which it is too much the fashion to regard the value of therapeutical agents.

A physician without faith in the positive action of medicines, is in much the same position as the sceptic in religion. While all is prosperous about him he may move along comfortably, but when real danger overtakes him, having no resources on which he

can with confidence rely, he flies from one thing to another until the fearful issue overtakes him, and in the loss of professional reputation, or it may be in the destruction of those who are as dear to him as his own life, he pays the dread penalty of his unbelief. I warn you against such a state. There is a value in therapeutics. The observations and experience of ages have not accumulated in vain, and that faith which has sustained our forefathers in many a conflict, should not be lightly cast aside.

But while thus confident in the weapons of your warfare, you need not be overhasty to use them. The truly brave man does not draw his sword on every trifler whom he encounters, but keeps it bright and keen for necessary service. *Excessive medication* should be studiously avoided, and I suspect it was the prevalence of this practice which has led so many into the opposite error against which I have warned you.

In reference to the plan of instruction adopted by me, I have but a word or two to say. A large proportion of those who are in attendance here during the summer months are students who have heard but one course of didactic lectures on medicine, and to whom many of the phenomena of disease and the pathological conditions producing them are unknown. I make it a rule, therefore, in my description of cases and of the treatment adopted, to go much more into elementary detail than will seem necessary for those who are more advanced in their professional career, and to whom such things are familiar. Asking for my deficiencies your kind indulgence, I now pass on to the consideration of the cases before us :

Peritonitis.—This patient has been already brought before you by Dr. Gerhard, and his affection fully spoken of by him. My object in again presenting him is that you may note the result of treatment.

In the present case the disease was located in the neighborhood of the ileo-cæcal valve, which is the most frequent seat of local peritonitis.

I would call your attention to a form of disease that often closely simulates peritonitis. The affection to which I allude, frequently occurs in hysterical young women; the patient complains of pain and tenderness on pressure over the abdomen, and there is often a furred tongue, and the general aspect of one suffering from internal inflammation. It is important to make a correct diagnosis in these cases; for an antiphlogistic treatment, consisting of bleeding, mercurializing, etc., might be very injurious; the character of the patient, her position, and some lurking symptom of hysteria, will, properly observed, lead to a correct diagnosis.

Dr. Watson states, as an additional means of diagnosis in such cases, that the patient complains equally of pain on pressure, whether that pressure

be lightly or forcibly made, which is not the case in genuine peritonitis.

A case of peritonitis came under my observation a few years since, occurring in a young woman at her menstrual period, which, on post mortem inspection, appeared to be dependent on the escape of a Graafian vessel into the peritoneum. A similar case is reported by Dr. Bennett, in his clinical lectures.

The patient before you is now quite convalescent, and will soon be discharged.

Roseola and Pneumonia.—This patient also was before you at the last clinic, and her history fully given to you. You may remember that she had at that time a rash, somewhat resembling that of scarlatina, and somewhat that of measles, not strictly typical of either. She had also the physical signs of pneumonia. Being a stout, vigorous person, she was cupped, by order of Dr. Gerhard, and with speedy relief. I am inclined to regard the eruption as rather that of roseola than that of either of the two exanthems which it somewhat resembles.

It corresponds with those cases which you will find recorded in the books, in which a scarlet rash appears in individuals who are exposed to eruptive diseases from which they have been partially protected by a previous attack. Under the treatment before mentioned she is now convalescent, and will soon be discharged from the hospital.

Erysipelas.—An Irish servant girl, aged 19, admitted May 2, 1859. Has been sick for four days; has had several similar attacks. This one began with a chill, followed by fever, with sick stomach and an eruption on the side of the face. The redness is of a dull hue, pulse feeble, tongue slightly furred; bowels have been freely moved before her admission.

Treatment.—Mucilage of slippery elm bark to the face. Tinctura ferri chloridi, grt. xx., every three hours.

Diet.—For the first day arrow root, on the following day chicken broth.

You will readily perceive this to be a case of erysipelas affecting the face, and which has extended to the scalp. As a general rule, there is little difficulty in forming a diagnosis of this disease, though it occasionally happens that hardness and swelling of an erysipelatous character may exist with little or no redness. On the other hand, the redness of deep-seated cellular inflammation might mislead us, though it is said that this is tense, not hard.

Erythema is popularly mistaken for erysipelas, but in such cases the redness is not so continuous a blush, and there is little or no fever. So too with the redness and vesication produced by the application of various counter-irritants, turpentine, and

even croton oil, e. g. This inflammation of the surface is but a manifestation of constitutional disorder, not a mere local affection. Surgical erysipelas would seem in some instances to be more local in its character. As is the case with the patient before you, erysipelas usually shows itself on the side of the face and travels upward. Delirium is a frequent, and coma an occasional attendant of this disease when it affects the scalp, but either may exist without being necessarily indicative of inflammation of the brain. By some the inflammation of erysipelas is considered a mere irritation not an inflammation, and they strengthen this opinion by the fact that so little coagulable lymph is produced; but this is not the generally received opinion on the subject.

Erysipelas may be associated with a sthenic or asthenic condition of the system; as we see here it is most frequently of the latter type. It is dangerous chiefly in malignant cases, in persons of bad habits, and when it affects certain of the internal organs. In the throat, the pharynx may become involved producing dysphagia; in the larynx, edema and suffocation. We treat our cases on general principles being always on the watch for symptoms of debility. Bleeding from, the arm and still more, local bleeding, is generally improper. As a general rule all repellent external applications should be avoided, though I remember a case under the care of a friend, in which the disease seemed very local in its character, in which the application by a camel's hair pencil of a saturated solution of nitrate of silver to the entire reddened surface of the cheek, was attended with a prompt arrest of the disease, and with no unpleasant constitutional symptoms. I may here mention to you two fatal cases of erysipelas of the abdomen. The first to which I allude occurred in this house eight years ago. An attack of erysipelatous inflammation followed the opening of a syphilitic bubo, which soon spread over the surface of the abdomen, subsequently attacked the peritoneum, and the patient died with extensive peritonitis. In an autopsy recently made by me for a medical friend, that of an infant a few weeks old, in whom there had been diffused erysipelatous inflammation of the abdominal surface which was followed by rigors and great prostration, we found that the inflammation had traveled up the umbilical vein to the liver, in which organ several abscesses were found. Erysipelas like phlebitis (to which it is closely allied) sometimes occurs as a sequela of typhoid fever.

To stay the upward progress of the inflammation, blisters, the nitrate of silver, and the tincture of iodine have been used respectively. The last has of late lost some of its reputation, but I believe this is owing to the fact that it has not been applied sufficiently often in the course of the disease.

Apply it freely, and once in three hours, and it will generally be found efficient. Even should it blister as it sometimes will, no harm will accrue. As a soothing application a mild mucilage may be used, but where the trunk or lower limbs are affected, glycerine or rye flour will be found less troublesome to the patient and equally grateful.

The only medicine which this patient takes during the day is the tincture of the chloride of iron, under which we find our patients to do well, but erysipelas is a disorder in which it is difficult to say how much of the patient's recovery is due to the medicine exhibited, and how much to the natural tendency to health. Our patient takes at bed time $\frac{1}{2}$ j. of solution of sulphate of morphia, with one of sweet spirit of nitre which ensures her a good night's rest. We will carefully watch her, and if any increase of debility occur will give her wine-
 whey and quinia, two valuable remedies in the treatment of the asthenic form of the disease.

Although some of the associations before mentioned may fatally complicate individual cases, yet erysipelas even when affecting the scalp, so far as my observation goes is rarely a fatal disease.

Dr. L. then exhibited some pathological specimens taken from a man who had died with acute phthisis.

Service of Dr. Neill.

APRIL 30—(continued.)

Fracture of the Leg.—If there is anything that this hospital is calculated to teach, it is the proper treatment of fractures, and hence frequent occasions will be devoted to illustrating the fractures that may take place in the different bones of the human skeleton.

It is most important that you should understand the adaptation of apparatus to individual cases.

Case 1st. The limb is swollen about the ankle, the skin contused and bruised, and there is an irregularity of shape above the malleoli. Crepitus is plain, and on comparison with the other limb, you obtain a still more obvious impression of the deformity.

The greatest deformity in cases of fracture of the bones of the leg, takes place when the injury is in the immediate neighborhood of the ankle joint.

In this case, in consequence of the fracture of both bones, low down, the whole foot falls and the leg appears to have been forced forward. The injury was produced by a heavy cask rolling upon the foot.

This is as difficult a case of simple fracture as could ever require treatment; for, in the first place, both bones are broken; in the second, the fracture is immediate to the joint; in the third, the joint is

involved; and in the fourth place, there is very great contusion and infiltration of the soft parts.

Treatment.—In the treatment of fractures it is as important to attend to the condition of the soft parts as of the bony. If this fracture were at once set and splints applied, this man would lose his ankle.

For the present the limb is placed upon a pillow, and soothing applications of lead water and laudanum made.

This accident occurred this morning.

Case 2d—Also occurred this morning; also involves both bones of the leg, about an inch and a half above the ankle. The displacement is by no means so great as in the first case, and the soft parts are not so extensively injured. It was produced by a baggage crate falling upon the leg.

The prognosis in the first case is guarded, in the second favorable.

Treatment.—Rest upon a pillow in a fracture-box, wrapped in a towel wet with lead water and laudanum. You can watch these cases from the beginning.

Case 3d—Was a fracture of both bones of the leg, which has been in the house four weeks. There is some discoloration still remaining, but no deformity. The union has been delayed.

Case 4th.—Fracture of both bones above the middle of the leg, with great contusion and effusion of blood. The blood effused was in such large quantity that the absorbents were unable to remove it, and in consequence it acted as a foreign body, and provoked the simple fracture into a compound one.

In *simple* fracture, reparation goes on by the first intention, as in subcutaneous wounds; but in *compound* fractures, reparation is accomplished through the formation and development of granulation. These granulation cells become bone cells without passing through a pulpy and cartilaginous stage.

Treatment.—At first no attention was paid to the "setting of the fracture," but the condition of the soft parts carefully attended to. A poultice was applied, and the limb allowed to rest upon its side, with the foot everted. Abscesses formed and were opened. Now, however, the bones have been replaced in situ in the fracture box.

The pus that is formed is healthy, and the cavity has contracted. The external wound is covered by lint moistened in a weak solution of sulphate of copper.

Case 5th.—Fracture of both bones, which occurred eight weeks ago, whilst the patient was engaged in blasting.

The leg is now placed in an apparatus that comes most admirably into play after a limb has been kept

for a proper length of time in a fracture-box. It consists of a piece of stout pasteboard moulded to the limb after having been first soaked in water, by which it is rendered very flexible.

This was a case of delayed union, one of those cases peculiarly adapted to the use of the pasteboard splint.

This splint, with the additional use of adhesive strips and of bandages, makes as immovable apparatus as any other contrivance. No gum, starch, or plaster splint can do more.

This dressing answers all the indications, and has not the great objection that the limb cannot be seen, as is the case with the French starch roller.

This dressing is also useful after the immediate union of the fractured bones, to furnish a support to the limb.

In cases of diseased joints the same apparatus answers several important indications.

Case 6th.—This patient is nearly well, and will soon be discharged. He had a fracture of the tibia, near the ankle; was treated on the above plan, and now walks with confidence.

MAY 4TH.

Portion of the Nose Bitten Off.—After showing the patient to the class and remarking upon the great deformity resulting from wounds of the nose—which in the present instance was produced in a rather unusual manner, at least as far as the human nose is concerned, having been bit by a fellow animal in a fight—Dr. Neill remarked that in the treatment of these wounds metallic suture may be used, if the injury involves the part so extensively as to call for the suture, and the apposition of the parts assisted by means of silk entangled in collodion. As in wounds of the ear, where skin and cartilage are involved, the skin alone should be approximated.

Fracture of the Nose and Face.—The injury in the present instance was received in a fight. The face is swollen, contused, discolored and infiltrated. Upon closer examination a fracture of both nasal bones is detected. The eyes are closed by infiltration of the orbit. The fracture is detected by crepitus upon manipulation. The arch of the bridge is not destroyed.

Very little deformity results in the present instance from the injury to the bones. There is a slight lateral deflection of the nose, which however does not exist to a greater degree than in many persons naturally.

Treatment.—It is only necessary to give a slight support to the nasal bones, which is done by placing a small compress upon the side towards which the dislocation of the nose tends, and maintaining it in situ by means of a strip of adhesive plaster.

Fracture of the Lower Jaw.—The patient, a young man, presents a marked deformity, the chin is pointed and projects to the right side; the angle of the jaw upon the right side is depressed. Upon depressing the lower lip, an irregularity of the dental arch, between the lateral and central incisors is noticed. The depression is on the right side, the side upon which the fracture exists. Theoretically certain deformities are ascribed to fracture of the inferior maxillary as resulting from the action of certain muscles, but practically the deformity will be found to depend upon the direction and obliquity of the fracture; it is usually stated that the long fragment is depressed from the action of the hyoid muscles, and the short fragment drawn up by the masseter and temporal muscles, but in the present instance the short fragment is displaced downwards.

Treatment is very simple; the indications are to preserve the rotundity of the chin, and to prevent the overlapping of the fragments.

In the present instance Barton's apparatus does not suffice to maintain the fragments in situ, and therefore after reducing the fracture, apposition will be made by wiring the teeth together and then applying the bandage.

In olden times it was thought necessary in this class of injuries to extract several teeth so as to facilitate the feeding of the patient, but this is not required, the interstices between and posterior to the teeth affording sufficient access into the mouth.

When wire is used in these cases for the retention of the fragments, it should not be applied to the contiguous teeth of the reduced fragments, if they are loose, but to the last tooth but one upon each fragment.

Operation for Tumor in the Popliteal Space.—A boy of about twelve years of age was brought into the operating room, who presented a tumor in the lower part of the ham, occupying the space between the heads of the gastrocnemius muscle. The growth has existed during four years, occasioning, however, little pain. This spring the swelling very rapidly increased in size, and caused much pain to the little patient. The tumor presented a smooth and even surface, and to the touch seemed elastic, and upon succussion to fluctuate. The boy's general health is good.

After a consultation, it has been decided to operate upon the limb, but considering the obscure character of the tumor, it is impossible to say beforehand what precise operative procedure will be advisable. We hope it is a cyst.

In the presence of Drs. Norris, Peace, and Pancoast, Dr. Neill made an exploratory examination, by boldly plunging into the growth a trochar and canula. Instead of a clear, serous fluid running

from the canula, the tube rapidly filled with dark, venous blood, which drop by drop fell from the canula.

After another consultation by the surgeons, it was resolved to cut down upon the mass, and to be guided in the further steps of the operation by the nature of the tumor. If the tumor materially involved the vessels or nerves, amputation would be necessary.

After the patient had been etherized and the tourniquet applied to the limb, Dr. N. made a long incision through the skin and superficial fascia, and then with the scalpel and director cautiously cut through a muscular expansion covering the tumor, and at length exposed the growth, which at once declared itself to be a large multiform fibro-cystic tumor, which was then carefully dissected out.

It so chanced that the portion of the tumor into which the trochar had been plunged was firm and very vascular and did not communicate with the cyst proper.

Dressing.—The extremities of the wound were brought together by the metallic suture, and a strip of lint was tucked into the centre to prevent accumulation of fluids. Adhesive strips were applied over the whole, and the limb placed upon a splint.

Editorial.

THE MEDICAL PROFESSION IN CALIFORNIA.

We have ever regarded with peculiar interest everything connected with the progress of medicine on our Pacific sea-board. The great State of California sprang into existence at a bound, as it were, and composed as its first inhabitants were, of emigrants—many of them being mere adventurers “of the baser sort,”—from almost every nation of the earth, the elements which combined to form it into a State were of the most heterogeneous character; and it is not surprising that its medical profession should partake somewhat of the same characteristics.

Still, there have been evidences among them of more than usual professional spirit, and adhesion to the principles which have, from the earliest times, been at once the pride and honor of medical men. These have been given in the formation of the Medical Society of the State of California, in its published transactions, and

in the establishment, under its recommendation, of the California State Medical Journal, a publication that would have been creditable to any State or nation. But we fear, from recent developments, that these were but evidences of precociousness, rather than of permanent and healthy progress, and that the profession of that State are not yet ready to take their place in the rank and file of their brethren of the older States.

At the fourth annual session of the California State Medical Society, which met in Sacramento on the 9th of February last, the *esprit de corps* of the profession seems to have been borne down, and the wheels of progress to have been stayed by untoward circumstances, originating at the last annual meeting of the society. It seems that at that meeting Dr. R. Beverly Cole read a report on Obstetrics and Diseases of Women, which, whatever excuse may have been offered, or interpretation put upon its statements, was anything but creditable to the reporter and to the medical profession, and was, moreover, slanderous to the women of the State. The report, which, it seems, was prepared with indecent haste, was allowed to go unchallenged into the published Transactions, thus making the society measurably responsible for its inaccuracies and slanderous statements. An attempt was made, at the last meeting of the society, to relieve it of the odium thus brought upon it, by repudiating Dr. Cole's report, and striking his name from the roll of members; but, after a very stormy session, the attempt failed of its object, and the society adjourned in a disorganized condition, its best members having withdrawn from it. A committee having been appointed to report upon the case, had acquitted Dr. Cole, on his own disclaimer, from the charge of intentional slander against the women of California. Although we have no doubt of the sincerity of Dr. Cole's disclaimer, it strikes us that he should have paid some penalty for the injury he did to the profession of the State, by preparing an *ad captandum* report with such indecent haste as, by his own confession, that was done.

But we are by no means disposed to excuse

the members of the society, who, because circumstances beyond their control prevented their taking such action in this case as they thought would be for the interests of the profession of the State, withdrew from their connection with it. They should have retained their position, and labored to regain the confidence and good will of the public, which the inconsiderate action of an accidental majority had done so much to forfeit.

We have no feeling in this matter, beyond what we consider to be the best interests of the profession of California, having no personal acquaintance with a single member of the profession of that State. Our remarks are founded on the published transactions of the society. We earnestly hope that these difficulties will be but temporary, and that the medical profession of California will soon be again united, and labor as creditably as they have hitherto done in the cause of progress.

MEDICAL RECIPES.

The following well-timed remarks on the publication of medical recipes in newspapers, for the information of the public, we copy from that sterling agricultural paper, the *American Agriculturist*.^{*} Its course is in marked contrast with that of the newspaper press generally. A recent number of the *Scientific American*—a publication which frequently treats its readers to infallible recipes for this and that ailment—published to the world that *asparagus* is an infallible cure for hydrophobia! But here are the remarks of the *Agriculturist*, and very sensible ones they are, too:

“Medical recipes, to cure every imaginable ailment incident to human or other animals, from a wart to the heavens, or horn ail, are received from different sources, almost daily, but we seldom publish them, for many are nonsensical, others injurious, and few can be relied on. No doubt most of those who kindly furnish them, fully believe in the efficacy of their remedies, but to be able to pronounce

definitely upon the certain effects of *any* medicine in a specific case, requires knowledge and an experience obtained only by years of observation and practice. Two-thirds of the doses “warranted to cure,” have originated in the mere notions of men to whom even the inward structure of an animal is an unknown mystery. So different, too, are the symptoms of the same disease in different individuals, that scarcely two cases can be successfully treated in the same manner. We are aware that almost every man can bring testimony of surprising cures effected by his favorite medicine, but we cannot tell with certainty whether the result followed by the aid, or in spite of the means used. As the aim has been to make the *Agriculturist* reliable in its teachings, so far as it does go, it has been deemed at least safe to exclude nearly all matter of this character which could not be vouched for with positive certainty.

Correspondence.

We are indebted to a facetious correspondent for the following interesting details—read them *after dinner*, they will repay the perusal:

Verdict for Professional Services of Six Hundred Dollars.—The injustice of juries as regards professional litigation is a common experience of physicians throughout the country. Verdicts in their favor are exceedingly rare, and hardly ever obtained without mutilation of legitimate professional fees, to an extent which scarcely leaves a balance for the payment of law expenses.

There is obviously no alternative but to suffer the imposition of dishonesty, rather than to embark with more time and money in a dubious and vexatious law suit. Sometimes the provocations are, however, too strong to be borne, and an injured physician, despite of all warning precedents, and odds against a favorable termination, may resort to this *ultima ratio creditorum*.

Such appears to have been the case with Dr. Andrews, of East Brooklyn, who brought an action against Fagan, for the recovery of professional fees amounting to \$600.

The defendant resides with two younger brothers at East Brooklyn. They are lords of the same shanty and manor of ten acres, which latter they work to good advantage. By penury, abstinence, (except in the matter of

^{*} The *American Agriculturist* is published monthly, in New York, by Orange Judd, at the exceedingly low price of \$1 per annum.

whiskey,) persevering exertions, fat contracts, etc., they have accumulated a tolerable competency, which yearly increases by cautious and profitable investment. So far, so well for Mr. Fagan.

To pass away the monotony of their domestic life, they had occasionally a social drink, and on reaching the proper pitch, the festivities were wound up with a general pitch-into-one-another all round, when *claret* was tapped without stint or ceremony. On one of these occasions the younger Paddy indulged in the pleasant diversion of dissecting the senior Fagan, in a manner so effectual, that it made him tremble for the precious lives of himself and brother. After a profound family deliberation it was resolved to invite the attendance of Dr. Andrews, for the purpose of patching up the dilapidation.

The Doctor promptly arriving at the scene of action, found Paddy, the elder, in a rather precarious situation—punctured like a sieve, and the family claret so freely shed as almost to take the blush out of the patient's red hair! Mither Fagan was then sewed up and done for, and his dissolved integrity united as well as the accommodations of the shanty

(“As nate a mud cabin as ever was seen,
And considering it was but to keep

Poultry and pigs in,
I'm sure it was always most illigant clane,”)

and his imposing position on a bundle of straw, would permit. But one of the wounds had entered the fundamental basis of existence by perforating not only his “abominable” cavity, but also the small intestine, allowing the free escape of Paddy Fagan's spirit! The alarmed (but now disarmed) brothers dimly realizing the danger of having their bachelors' hall thus broken up “sine die,” (i. e. even without the dying of the elder one,) enjoined the Doctor to spare no pains or plasters, and they would come down handsomely for that same “in liberal spirit,” and might the Lord bless him!

The Doctor

“Taught by that Power that pities him,
Began to pity them,”

and, *item*—he saved poor Paudeen's life!

His task was laborious, requiring more than ordinary skill, tact and circumspection, besides much time and devotion.

Dr. Andrews during his term of attendance on the patient, could not escape the importunities of the disconsolate kinsmen, who thus took up the balance of his time.

In all he had made some seventy visits,

lasting from thirty minutes to five hours. Among them were twelve night calls, particularly requested by the patient and his kids.

When Fagan found himself in boots again, he handed over to the Doctor one hundred dollars in gold, imagining this sum to be a handsome remuneration, and the latter accepted the proffered amount as payment “on account,” tendering subsequently a bill for the balance, \$500. This demand Mr. Fagan considered “outrageous” without further considering the Doctor—hence the action.

Drs. Daniel Ayres, Louis Bauer and George Cochrane, of Brooklyn, being put on the stand by the plaintiff, with a view to a valuation of the professional services of Dr. Andrews, testified as follows: That the charges for professional attendance rested on three points, namely:

1. The *amount* of professional services;
2. The *quality* of professional services; and
3. The *responsibility* to be incurred while in charge of the case.

In applying these principles to the case of Fagan, they had no hesitation in stating that as to No. 1 the services of Dr. Andrews were very laborious; the visits numerous and of long duration—some of them during the night—and that they could not be classified under the head of ordinary visits in country practice at 50 cents each. As to No. 2 they further considered that the case had required more than ordinary skill and tact in its management; that in both, the Doctor had exceeded all reasonable expectation, for which the highest encomium was due to him. And as to No. 3 that Fagan's case being one of public notoriety, had placed upon the Doctor extraordinary responsibility, which should not be undervalued. For the failure in such cases more especially in small townships, reflects most seriously upon the attendant's professional qualifications, the public being neither capable nor inclined to appreciate the difficulties of the injuries.

A few failures of this description would have the effect of depriving the physician of an otherwise well merited professional reputation and practice. They considered therefore the charge of \$600 every way reasonable, and in keeping with professional usage.

The defence, though admitting the amount, the skill and responsibility of the services, tried to establish a lower scale of prices. It maintained that a *cadaver*, a carcass, (which Walker defines as the decayed parts of a *thing* without completion or *ornament*, which latter

qualification his most ardent admirers even had not the face to claim for him,) the cadaver it maintained commanded no more than its regular market price, say \$15; that Fagan had been a corpse, half dissected by fraternal exuberance, and was therefore decreased in value, estimating such value at not exceeding the sum of five dollars bankable currency—(the current figure by-the-by for “stock” generally sought after by fishmongers and orangemen); and that a fee of \$100 was more than the Doctor could have reasonably demanded.

The jury, composed of very intelligent citizens, (and always considered so by the party in whose favor they find,) thought differently, however, of the *value* of Fagan (if *not* of his *worth*), and after brief deliberation, returned a verdict in favor of the plaintiff for the full amount with costs.

This termination was as unexpected as it is exceptional—and I thought it might benefit the profession by being put on medical record.

BROOKLYN.

Periscope.

FOREIGN.

[Condensed from recent English journals by T. A. DEMMÉ, M. D.]

Anti-Peristaltic Movement.—In the *London Lancet* for April 30th, Dr. Brinton commences a course of lectures upon intestinal obstruction. The first lecture is devoted to the subject of fecal vomiting—long known to be pathognomonic of intestinal obstruction, and explained by a doctrine which has reigned almost unquestioned from the time of Galen.

Dr. B. denies that there is any such thing as anti-peristaltic movement of the intestinal canal. He asserts, among other arguments, that there is not one observation that substantiates its occurrence. In animals in which artificial obstruction has been produced, the intestinal movements are more evidently peristaltic than ever; in necropsies the distension of the intestine is always greater at the seat of obstruction, whereas the reverse should obtain if there were anti-peristalsis. On the theory of this counter movement, the irritation of a given part of the bowel renders it the starting point of two precisely opposite movements, the one towards the stomach, the other towards the rectum, and finally, in spite of the persistence of fecal vomiting, substances taken before death are shown by the necropsy to have traversed the bowel as far as the seat of obstruction.

Self-Castration.—A maniac, (*Lancet*, April 30th,) during the temporary absence of his attendant, castrated himself in the following manner: Using a little piece of pointed lath to make an opening in the scrotum, he enlarged the wound by tearing with his fingers, so as to lay open each tunica vaginalis.

The way in which the spermatic cords had been severed could not be ascertained; it seemed probable, however, that they had been jerked asunder, the naked testicle being firmly grasped in the hand. The removal of both testes was complete. The man was faint from the shock, but no hemorrhage occurred, and no vessels required tying.

Subsequently his mental state was one of real improvement, and after a complete recovery, bodily and mentally, he was discharged; since which time he has followed his employment as a shoemaker, and up to this period remains quite well.

[From the German, by THEODORE A. DEMMÉ, M. D.]

Phthisis—Skoda.—In the *Vien. Med. Zeit.* this world-renowned practitioner particularly refers to the importance of vinous and malt liquors in consumption. They afford one of the most efficacious means of arresting the diarrhæa which so often debilitates the patient, give a tone to the digestive organs, and furnish an agreeable way of generally stimulating the system.

In chronic tuberculosis, with or without accompanying diarrhæa, Skoda regards wine or beer as more valuable than quinia or opium.

Tracheotomy in Croup.—Paris, Jan. 22d.—After a long and exciting debate, the Academy of Medicine have come to the following conclusion in regard to this operation. The subject of tubage of the larynx was also discussed, and the merits thereof decided upon.

The following motions express the sentiments of the Academy upon the above subjects:

1st. The tubage of the larynx, as it has hitherto been performed, does not appear to be sufficiently useful or safe to merit the approbation of the Academy.

2d. In the present state of medical science, tracheotomy is the remaining resource, after internal medication proves futile.

The importance of these authoritative decisions, especially in regard to the last subject, must not be overlooked; it legalizes the operation of tracheotomy in France.

Medical News.

The Cincinnati Medical News says that a manufacturer and vender of patent medicines recently wrote to a person living out west, for a good strong recommendation of his "balsam," and received the following reply:

"As an evidence of its tremendous strength, I would say that it drew a likeness of my eldest son, drew a blister all over his belly, drew a load of potatoes four miles to market, and eventually drew a prize of ninety-seven dollars in a lottery."

"Dr. Schlosser, Surgeon Chiroprapist to the principal sovereigns of Europe," is now in this city, trying, in a very disinterested way, to convince the public that all diseases originate in the toes and spread upward. We give him the benefit of an insertion of the following portion of his alarming advertisement in the daily papers:

"Most urgently do I recommend those who are afflicted with corns, however harmless they may appear, however easily removed, never to have recourse to the knife. The most appalling spasms, convulsions terrible to behold, and lock-jaw, have attended on the wounding a branch of a nerve by a common pen-knife, as also hemorrhage scarcely to be arrested.

"If I appear somewhat tedious in this matter, if I have been guilty of repetitions, I trust that I may be excused for an earnestness and an anxiety on a subject which I conceive of more importance almost than any rules I could lay down. It is a maxim I would have impressed on every mind—it is a sentence which should be repeated in the ear of every one suffering from corns—it is a voice which should be echoed back on every occasion—'Do not use a knife!' If, after such a warning, there should be any sufficiently venturesome to neglect it, the danger be on their own head, but repentance will come too late!"

An English paper says: "Ladislaus Magyar, a Hungarian, well versed in the natural history of Brazil, in the hope of reaching the interior of that country with more certainty, has married the daughter of the negro king of Bihe. Having, by this step, become General-in-chief of the armies of his father-in-law, he makes use of his newly acquired authority to facilitate his researches.

The greatest modern instance of sudden destruction of human life, occurred on the 22d of March last, when the entire city of Quito, South America, was destroyed by an earthquake, and five thousand persons, one-tenth of the whole population, were killed.

Professors Calvert and Johnson, of England, have recently made a series of experiments to determine, in an accurate manner, the relative heat-conducting power of metals, in order that a standard might be obtained from which calculations might in future be made, as the present data are not reliable. They present the following:

The relative conductivity, taking silver at 1000, is gold, 981; copper rolled, 845; copper cast, 811; mercury, 677; aluminium, 665; zinc rolled, 641; zinc cast vertically, 628; zinc cast horizontally, 608; cadmium, 577; malleable iron, 436; tin, 422; steel, 397; platinum, 380; sodium, 365; cast iron, 359; lead, 287; antimony cast horizontally, 215; antimony cast vertically, 192; bismuth, 61.

The *Druggists' Circular* says that the distinctions of professions in Japan are indicated by the manner of dressing the head; physicians shave off all their hair, while surgeons retain the whole.

MARRIAGES.

MACAVOY—KILPATRICK.—On the 17th inst., at St. Michael's Church, by Rev. Father Loughlin, John Macavoy, M. D., to Miss Harriet, youngest daughter of the late Francis Kilpatrick.

EWING—PORTER.—On the 4th inst., at the residence of the bride's father, by Rev. Samuel Wilson, George C. Ewing, M. D., of West Liberty, Va., to Miss Jenny, daughter of M. B. Porter, Esq., of Luzerne, Fayette county, Pa.

DEATHS.

Wm. Walker, a chemist of Stockton, England, died recently in that town, aged seventy-eight years. He was the original inventor of friction matches, and was for a time the exclusive manufacturer. They soon received the notice of Professor Faraday, who directed public attention to them, and they came into general use, and were extensively manufactured.

McCLOSKEY.—In this city, on the 18th instant, James F. X. McCloskey, M. D., in the 39th year of his age.

NATHAN STARKEY,

MANUFACTURER OF

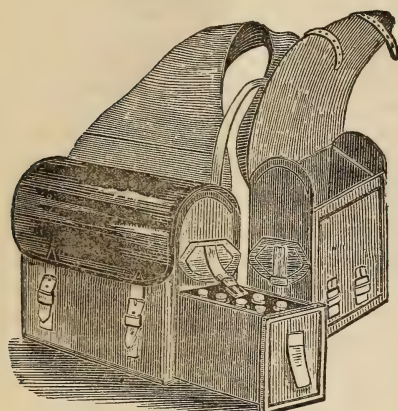
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11 " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 " "	19 00
No. 3, " 48 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " " "	8 50
No. 8, " 15 " " " " " "	6 50
No. 9, " 14 " " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish.

118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments.

118

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses and within one square of a Passenger Railway.)

PHILADELPHIA.

This institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M. D.

Consulting Physician,—PROF. SAMUEL JACKSON, M. D.

Application for admission may be made to the Attending Physician daily, (Sundays excepted,) from 11 to 12 o'clock. Applications in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, Sec'y,

No. 107, t. f.

Box 1738, Philadelphia P. O.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,
32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.

Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.

H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.

Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.

Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.

S. Littell, M. D., Surgeon Will's Hospital.

E. Hartshorne, M. D., " " "

A. Hewson, M. D., " " "

D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.

R. J. Levis, M. D., " " "

Isaac Hays, M. D., " " "

P. B. Goddard, M. D.

118

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 187.

PHILADELPHIA, JUNE 4, 1859.

{ NEW SERIES,
VOL. II. NO. 10.

Lectures.

LECTURES

ON

DISEASES OF THE SKIN.

By M. HARDY, one of the Physicians to the Hôpital St. Louis, Paris, (special hospital for diseases of the skin.)

No. 3.

By R. BOLLING, M. D., of Philadelphia.

DARTRES—(continued)—*Treatment*.—We do not intend here to enter into any therapeutic details, these will be given after each individual disease. We wish to limit ourselves to some general remarks only as to the treatment, and thus complete the description of dartrous affections. In the commencement or outset of the disease, when the local inflammatory phenomena predominate—no matter what be the form of eruption it is to antiphlogistic remedies local and general that we would have recourse to; this is a preparatory treatment—the energy and duration of which ought to be proportioned to the intensity of the inflammatory symptoms.

The specific treatment should be begun when the antiphlogistic treatment alone has not sufficed to remove every trace of eruption. The antiphlogistic treatment is composed of cool and refreshing drinks, emollient baths, poultices, purgatives, etc. As to the specific treatment, it comprises two orders of therapeutic means: local means, pomades or lotions, medicines which act ordinarily as alteratives—of which the rôle is a secondary one, and the precise indication for which it is often difficult to arrive at; and general means which are very important and constitute the true therapeutics of dartrous affections—we

have first the purgatives, sulphur, arsenic, tr. cantharides, iodine, etc.

Several medicines employed habitually with success in these affections are very different one from another, and nevertheless they can be considered relatively to their therapeutic effect, as belonging to a class of medicines not very numerous. If we study further the mode of action of these medicines, we will find that they belong either to the class of derivatives, alteratives or tonics. In the first rank of derivatives we place purgatives—the employment of which is as useful as common in the treatment of dartrous affections—especially those which are accompanied with a sero-plastic or sero-purulent secretion. They are not so useful by far in those diseases unaccompanied by secretion. Diuretics, though but little used, are very serviceable in the secreting forms of disease, with inflammatory phenomena. Diaphoretics of every kind, sulphur, arsenical preparations, tr. cantharides, are also much employed, and M. Hardy highly recommends the balsam of copaiva in rebellious cases that have resisted all other treatment. Without going into the details of the administration of these medicines, we will take occasion to assert that we attribute their happy effects to their specific action on the skin.

It is not necessary for me to signalize this in diaphoretics—nor even in the case of sulphur or copaiva—which you know are specially indicated in chronic diseases of the skin on account of the erythema that their administration produces. Tr. cantharides has a specific action also; administered internally it produces heat and redness. Arsenic, the specific effect of which is also evident, not only from its therapeutic effect is this proved, but also by the grayish spots which are not rare

with those who have been taking arsenic for a long time—and some have even thought that those spots were due to a deposit, or the presence of arsenic in the true tissue of the skin. We consider these medicines then as modifiers of the skin, and we explain their effects by their alterative action. Other medicines, such as bitter tonics, cod liver oil, preparations of iodine, are still employed, and succeed sometimes with certain dartrous subjects—but we explain their utility by the effect they have on the constitution and the whole economy—they are called for in cases where the dartrous affection exists in a person of lymphatic temperament, or in a person whose constitution is broken down by disease, as they owe their effect to their tonic action.

In mentioning the modifiers of the constitution, we insist on the importance of alluding to hygiene and dietetics. The patient should avoid all fatigue, be very particular in diet, abstaining from all seasonings, all spiced ragouts, from game, pork, sea fish, and especially shell fish; coffee, wine, liquor—tea even should be avoided. This careful hygiene holds an important place in the treatment of dartrous affections, not only for the cure at the time, but in the prevention of returns. It aids the action of the medicines, and often, by itself, will bring about a cure in old and rebellious affections. It is not strange that a severe and strict regime—by which all cause of excitation is removed—should produce in the solids and liquids of the economy a modification, more powerful even than those medicines called alterants. It is to this power of hygienic treatment that we most attribute the success of several therapeutic methods, and among them that one in which the medicines are given in impossible fractional doses. Too much stress cannot be laid upon an attention to hygiene and dietetics.

In the general treatment of dartrous affections we must not fail to mention the mineral waters, and particularly the sulphur waters, the saline and alkaline. They cure either by modifying the constitution, or by changing the disease from a chronic to an acute one, or else act as alteratives—others as derivatives acting

on the bowels, or the cutaneous and urinary secretions. Without entering further into the theory, we assert that the mineral waters properly employed, form a precious therapeutic resource, and often cures rebellious affections which have resisted all other means.

Having examined the different means that we have to combat dartrous affections, we should in terminating these generalities, ask this question—whether the therapeutic agents that we have mentioned attack the dartrous diathesis, or have for effect only to combat and cure the local manifestation on the skin? We believe that most often the external effects only of the general disease are attacked by the therapeutic means, and that the diathesis exists. The persistence with which certain dartrous eruptions return give much weight and plausibility to our opinion. The dartrous manifestation disappears only momentarily, to reappear almost certain after the lapse of a week or month, and sometimes after the lapse of years. In this the dartrous diathesis resembles the syphilitic—for in this, too, the local accidents may be successfully treated—but if the virus has been introduced and the diathesis once established, it will, from time to time manifest itself by variable affections. It is very much the same with the dartrous diathesis—the local manifestation, though disappearing for a while, will be sure to reappear, and unlike syphilis not under variable but under the same form.

All the above mentioned precautions, as to hygiene and dietetics, together with an appropriate treatment should be long continued after the eruption has disappeared. We may by thus persevering, ward off a recurrence of the disease.

— o —

The *Lancet* says: M. Labourdette has instituted a series of new experiments, which would prove that with due precautions, cows might be made to take various substances, such as soda, iodine, etc., with which the milk would become charged.

The mammary secretion of these animals might be thus used either with children or persons with irritable stomachs,

Original Communications.

ANATOMY

IN ITS
RELATIONS TO MEDICINE
AND
SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 5.

Cranial Region Continued.—Thus far the remarks made in previous papers apply to any part of the scalp, but on the *lateral region* there are such additions as demand a more special description. The skeleton of this region is formed by the temporal, parietal, sphenoid, frontal, and malar bones, and is circumscribed above by the temporal ridge. It is divided into three sub-regions—the *temporal*, *auricular*, and *mastoid*.

Temporal Region.—This region is bounded above by the temporal ridge, in front by the malar and external angular process of the frontal bone, behind by the cartilage of the ear, and below by the zygomatic arch, which last forms the boundary line between it and the face. It is here where the first gray hairs usually appear, from which circumstance the name *temporal* has been applied to this particular portion of the head. An inspection of its skeleton shows it to be a curved plane convex externally, and becoming more superficial as it ascends toward the temporal ridge. When the skin is removed the temporal artery vein and nerves are seen entering it over the zygoma, in a depression of some depth, just in front of the auricular cartilage, lying in the superficial fascia, which at this point is very loose and abundant. The artery has the temporal vein interposed between itself and the cartilage, and is situated between three and four lines in front of the latter. Two trunks are given off immediately after it passes the zygoma, the *orbital*, and *middle temporal*, presently to be noticed. About one inch and three-quarters above the zygoma the artery separates

into its anterior and posterior trunks. Very many of the nerves incline forward, to be distributed to the orbicular and frontal muscles.

Practical Remarks.—The superficial position of the upper part of the temporal artery leaves it liable to accidents. The necessity for the ligature in cases of wounds will be the more evident when it is considered that the main trunk is so protected by the auricular cartilage behind and the projection of the anterior root of the zygomatic arch in front, that an amount of pressure sufficient to command the circulation through the vessel would very soon endanger the vitality of the soft parts.

Arteriotomy.—From its superficial situation, and also its anastomotic connexion with vessels of the orbit, (to be hereafter mentioned,) arteriotomy has been practiced upon the temporal. At present it is rarely performed, but when it is considered necessary there are reasons for avoiding the main vessel near the zygomatic arch, and selecting in preference the anterior or posterior branch. The objections against opening the main trunk are the pressure required to stop the flow, as already stated; the liability to wound the nerves, which lie so close to the artery at this place, or veins, producing extravasation of blood into the loose cellular tissue. The temporal artery is sometimes the seat of aneurism, favored, so far as local circumstances are concerned, in producing such dilatations by the little support which the tissues furnish to the vessel, and as branches both of the 5th and 7th pairs of nerves are closely related to it, the altered sensibility and movement accompanying such affections are thus explained.

Temporal Aponeurosis.—When the superficial fascia and the fascial extension of the occipito-frontal aponeurosis are removed, a beautiful dense fibrous membrane is exposed, the *temporal aponeurosis*. It is a fan-shaped structure, attached above from the external angular process of the frontal bone along the whole length of the temporal ridge. At its lower third it separates into two laminae, which are connected to the anterior and posterior edges of the zygomatic arch. Between these two there are situated the middle temporal artery,

which, originating from the main vessel just above the zygoma, pierces the anterior leaf, the middle temporal vein, and a quantity of fat.

If this aponeurosis be separated from its superior attachment, its deep surface will be seen to give origin to the superficial fibres of the temporal muscle, which it covers in, except at the lower part, where, in consequence of the increasing depth of the temporal fossa, the muscle leaves the fascia, and the considerable space intermediate is filled up by a quantity of fat. This adipose mass, if traced down, will be found to be continuous, with a similar cushion between the buccinator and masseter muscles of the cheek. Lymphatics are abundantly distributed both here and between the lamellæ of the aponeurosis.

Practical Remarks.—The temple in the young is full and prominent. Age tends to remove this feature, and make it hollow. Its prominence in early life is to be ascribed to the amount of fat in the two situations already noted. It is the removal of this in long attacks of disease which gives the sunken appearance to this part of the head. So numerous are the nerves over this part that it is impossible to avoid their division. When incisions are carried to any considerable depth, wounds of the aponeurosis are often followed by great and severe constitutional symptoms.

Abscesses may exist between the laminae attached to the zygoma or beneath. In the former the products of such could not pass below that arch, but would be confined to this pocket. The tension will be great, and the pain acute. If the abscess occurs beneath the aponeurosis, and be not evacuated early, it will travel down under the zygoma, and project below that arch in front of the masseter muscle, or it may pass backward and downward, behind the ramus of the jaw, under the parotid, assimilating an abscess of that gland.

So great is the strength, and of course the resistance offered by the aponeurosis, that no marked swelling need be expected externally from such accumulations. Neither will fluctuation be distinct, and therefore it would be

improper for the surgeon to wait for such evidences before proceeding to puncture.

A wound penetrating the supra-zygomatic pocket may give rise to a blood tumor from injury to the middle temporal vein or artery; if the latter, the necessity for ligating the temporal artery will be evident as from the unyielding nature of the aponeurosis, the size of the vessel, and its proximity to the parent trunk, little good can be promised from pressure.

Temporal Muscle.—This muscle is fan shaped, fills up the temporal fossa, and is covered in by the temporal aponeurosis already described; its fibres converge as they descend, and are implanted by a strong tendon into the inner and anterior portions of the coronoid process of the inferior maxillary bone, its insertion being concealed by the zygomatic arch. It is of a deep red color, and well supplied with blood vessels from the middle temporal, and the two deep temporals; the last two derived from the internal maxillary, one of which, the anterior, runs between the bone and the muscle.

Nerves.—Both its nerves of sensation and motion are derived from the 5th pair.

Practical Remarks.—The irritability of this muscle is very great, sympathizing often so strongly with the general system as to refuse obedience to the will. When the body has been long exposed to a low temperature, or during the congestive stage of an intermittent this peculiarity is manifested by the chattering of the teeth. In tetanus, this muscle in common with the other muscles of mastication, is in a state of rigid contraction. The removal of a tooth has frequently produced lock-jaw, not singular when we remember that the same pair of nerves (5th) which supply the teeth, supply also the temporal muscles. A simple toothache will often produce stiffness of the jaws for the same reason. Inflammation or purulent collections in it in consequence of this great impressibility are really dangerous: being bound down by the strong fibrous membrane, the pain and tension will be extreme, rendering any attempt at moving the jaws impossible. The deposit of lymph among its fibres may produce a false ankylosis of the temporo-

maxillary articulation. If an abscess forms in the deep part of the muscle between it and the fossa on which it rests, the pus will be likely to pass down between the ramus of the inferior maxillary and the internal pterygoid muscle pointing within the mouth. The posterior fibres of the temporal muscle are so situated as to counteract displacement of the jaw. When the bone is luxated it drags it up toward the temporal fossa, and hence the necessity of depressing the jaw to bring it down to a level with the articulating cavity before elevating the chin.

The presence of this muscle will explain those cases of depressed fractures over the temporal region, attended by symptoms of compression, and where, after a time, both the depression and its symptoms suddenly disappear. The muscle is attached to the bones of the temporal fossa, the force which produced the fracture, paralyzed its fibres, but after a time the effects of the violence passing away, the muscle regains its power of contractibility by which the depressed fragment is elevated. Tumors originating elsewhere may develop in such directions as to reach the temporal region, thus a growth in the antrum maxillare may destroy the posterior wall of this chamber, so as to extend through the zygomatic into the temporal fossa. The route of such extensions, however, will be better understood at a more advanced stage of our demonstrations.

As the middle and deep temporal arteries communicate very freely with branches of the ophthalmic which escape from the orbit through the foramina in the malar bone, the abstraction of blood from or the use of counter-irritants over the temple may prove very salutary in inflammations of the eye, or other parts within the orbit. The periosteum over the squamous part of the temporal region adheres with much less tenacity than elsewhere. The mass of muscular and the resistance of the aponeurotic layers add greatly to the protection of this part of the cranium, and when fractures do occur, they are more commonly the effect of indirect than the direct application of violence.

Auricular Region.—This region is placed between the articulation of the lower jaw, and the mastoid process of the temporal bone, and is bounded above by the posterior root of the zygoma. Its description at length involves the examination of a very complicated association of parts, occupying both the lateral and basal regions of the skull. It consists of three parts the *external*, *middle* and *internal* ear.

External Ear.—This consists of a bony canal in the petrous part of the temporal bone, with a large trumpet-shaped expansion, commonly called the ear, attached to its external orifice. If the skull be taken up and examined, the entrance to the auditory canal, (*meatus auditorius externus*) will be seen to be sunken within the plane of the mastoid prominence of the temporal bone, with the posterior root of the zygoma projecting some distance over. The rim of bone surrounding the entrance (*auditory process*) rests anteriorly against the middle zygomatic root, the intermediate space marking the union of the two being continued into the glenoid or Glasserian fissure immediately in front of which is placed the articulating cavity for the inferior maxillary bone, and behind which, a fossa for a prolongation of the parotid gland. If we next look into the canal it will be seen to be formed somewhat like an hour glass contracted in the centre, and expanded at either end. With a good light should the reader look into the ear of a living person, his view would only extend to this central constriction, as there is placed across it a diaphragm, called the *membrana tympani*, or drum of the ear.

Auricle.—This consists of an expanded funnel shaped organ marked by several irregularities, especially upon its external face, and attached by ligaments to the zygoma, mastoid part of the temporal bone and the auditory process or the rim of bone which surrounds the meatus. The external expanded part is the *pinna*, the outer rim of which is named the *helix*. Within and somewhat parallel to it is another ridge, commencing above by two branches, the *antihelix*. The deeper, more cylindrical part is the *concha*, and projecting over this, as a valve from before backwards, the

tragus, within which are numerous hairs. The most dependent part of the ear is the *lobulus*. The skeleton of the auricle consists of a thin plate of cartilage, covered by a stout perichondrium, with deficiencies existing in it at several places, which are occupied by fibrous tissue. It

Fig. 13.

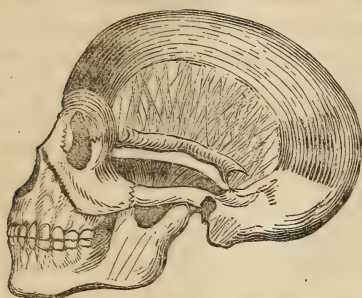


Fig. 13. Exhibits the occipito-frontalis muscle, with its intermediate aponeurosis; a few fibres in front, of the orbicularis palpebrarum; on the side the temporal fascia, at the lower part of which the two laminae are seen divided at different heights, and the temporal muscle exposed where it passes beneath the zygomatic arch to be attached to the coronoid process of the lower jaw.

is covered by a most delicate transparent skin, much more firmly connected with the cartilage, on its concave than convex surface, and destitute in a great measure of fat. The lobulus has no cartilaginous material in its structure, but consists of cellular tissue and fat attached to the lower border of the cartilage by fibrous and cutaneous bands. Though the cartilage stops at the auditory aperture of the temporal bone, the skin greatly attenuated is continued on to the bottom of the canal in the petrous portion of that bone until it reaches the membrana tympani, over which it extends forming its external layer, and firmly connected in its whole length to the periosteum of the canal.

Glands.—There are three kinds of glands in the subcutaneous structure of the ear. The *sebaceous* in the concha, the *sudoriparous*, both within and without, and the *ceruminous* within only. The form of a ceruminous is similar to that of a sudoriparous gland, being tubular and coiled upon itself.

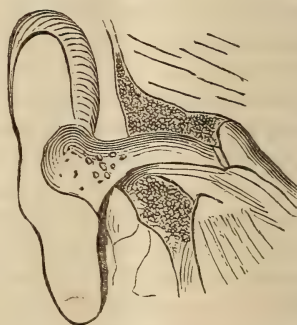
The external auditory canal is osteo-cartilaginous, the latter making nearly one half of the entire depth which to the

membrane of the tympanum will average $10\frac{1}{2}$ lines along its lower wall, which is longest. The membrane of the tympanum being placed obliquely, the direction of this canal in the main is inwards and forwards, but on a closer inspection will be found to be first upwards and forwards, then backwards, and last downwards and forwards, its vertical diameter exceeding the transverse.

Blood Vessels.—These are the *posterior auricular* from the carotid, *anterior auricular* from the temporal, and the *tympanic* from the internal maxillary.

Nerves.—These are derived from three sources, the *auricularis major* from the superficial cervical plexus, the *auriculo-temporal* from the 5th pair, and the *auricular* from the facial. The muscles of the external ear are both extrinsic and intrinsic, but as they are quite rudimentary in man they offer no points sufficiently important to our subject to require a description. The extrinsic ones enable some animals to move the pinna in the direction of sounds; in man this is accomplished by turning the head.

Fig. 14.



A section of the temporal bone exhibiting the pinna and concha, leading down to the auditory canal, the last terminating at the membrane of the tympanum, on the opposite side of which is the eustachian tube. In the tubular part of the cartilage are some orifices of ceruminous glands.

Practical Observations.—The external ear may be considered as peculiar to *mammalia*. Something analogous to it is seen in the whorl of feathers on the side of the head of the bustard, or in the broad flap attached to the conch of the owl. The same may be said of the external auditory canal, for the trifling depression which exists between the surface and

the drum of the ear in birds, can scarcely be called such. The membrana tympani, or drum first appears in *reptiles*, and is almost on a level with the skin. The great physiological use of the auricular cartilage and canal is to collect sonorous undulations, convey and focus them upon the drum. They are most firmly connected to the temporal bones, as many an urchin will recollect to his sorrow, who may have been so unfortunate as to excite the irascibility of those pedagogues of the old school, a little of whose uncompromising discipline and thorough instruction, (without the ear pulling and the ear cuffing,) infused into our modern system of youthful education, would exert a wholesome influence upon the insubordinate and supercilious element so dominant.

Certain animals, as for instance the horse, are greatly subdued and intimidated by seizing a firm hold of these organs. The irregularities upon the concave surface of the pinna are all conducive to the collection and intensification of sounds. In the lower animals, possessing a full development of the intrinsic muscles of the cartilage, such results are doubtless very considerable. Artificial auricles greatly amplified are sometimes worn, with a view to aid the hearing, and a very great increase in effect is attained, by the addition of ridges and depressions, similar to those of the natural organ. The hairs at the entrance of the auditory meatus, are well calculated to arrest the entrance of dust or insects, as do all the sinuosities of the cartilage. The firm connexion of the skin on the concave surface makes inflammations and swellings, whether of the skin or a perichondritis, much more severe than on the opposite, though situated at any part of the cartilage, they are exceedingly painful from the numerous sensitive nerves supplied from the sources already pointed out. Its inflammations are prone to be erysipelatous.

The openings or deficiencies in the cartilage admit purulent formations from other regions to pass into the auditory canal and be discharged from the meatus, as in cases of abscess of the parotid gland, or over the mastoid region. The lobulus being made up of fat, and only appended to the cartilage is sometimes

the seat of adipose tumors; occasionally one of a malignant character is developed in the same part. It is into this pendulous part that rings for the attachment of ornaments are inserted, a practice exceedingly old. The boring of the ears among the Athenians was always a mark of nobility, while among the Hebrews it implied servitude. By many, the wearing of a delicate cord through them is supposed to be productive of great benefit in cases of inflamed eyes or chronic headaches; the slight suppuration which sometimes follows, may produce some benefit by way of counter-irritation, but it is very inconsiderable, and in the majority of cases perhaps the barbaric fondness for trinkets and display is the *real* sore eyes and headaches. The practice, however harmless as a general thing, is sometimes followed by a very obstinate inflammation and ulceration.

The skin, or rather the muco-cutaneous membrane, for it partakes of the nature of both mucous membrane and skin, which is continued into the external auditory canal, is highly vascular and sensitive. Its natural color is a dull white. When inflammation takes place, the color becomes much more red and constitutes external otitis; this fact may help us in making up a diagnosis in cases of children unable to locate their pain. Ear ache is generally due to an inflammatory state of this membrane, though it may be neuralgic. The pain is of a very distressing character, from the close connection of the skin with the periosteum and perichondrium of the canal and the abundant supply of nerves. If the affection is inflammatory, it tends rapidly to run on to suppuration, if not promptly arrested. The diminution in the calibre of the canal, in such cases, and also the change in the vital and physical constitution of the textures involved, diminish very much the sense of hearing. This change sometimes becomes permanent, and proves unfavorable to the conduction of sound; hence an acoustic appliance, such as a simple tube to supply the lost property, will remedy the defect often very perfectly. This canal, as well as other parts of the auditory apparatus, is liable to inflammation as a

sequel to certain diseases such as measles or scarlet fever, and often begins as a periostitis, thus endangering the bony walls of the passage. Hemorrhages take place from the canal occasionally of some amount, the blood vessels being but slightly supported by the delicate skin. The relation of the temporo-maxillary articulation to the meatus, explains the discharges of blood which not unfrequently follow a blow upon the chin.

The glandular apparatus of the ear extends no further than the cartilaginous tube, no organs of the kind being within the osseous part of the canal. Encysted tumors may arise at different portions of the cartilage from the excretory duct of a sebaceous follicle becoming blocked up; polypi project from the meatus which shall be noticed when the structure of the membrani tympani is examined.

A New Instrument for Vesico-Vaginal Fistula,

By HUNTER H. McGUIRE, M. D.,

of Philadelphia.

The accompanying wood cut is an enlarged and rough representation of an instrument which I have devised and successfully applied in a case of Vesico-Vaginal Fistula, belonging to the second division of Velpeau's classification, or that "established at the expense of the Trigonus vesicalis."

The patient, a very delicate widow lady, aged about 35, presented on examination a fistula, caused by parturition, in the region I have just mentioned, large enough to admit with ease the index finger. The shape of the opening was oval, the transverse diameter, the longer, the anterior lip, thin and bevelled off, and the vaginal wall, between it and the vulva perfectly immovable.

After some preparatory treatment, the "Button Suture" of Dr. Bozeman, was carefully applied, and though at the time I did not believe this very ingenious instrument answered in this case, all the indications, still I was induced to try it, for the want of a better, and at the earnest solicitation of the patient. I say, that I did not think all the

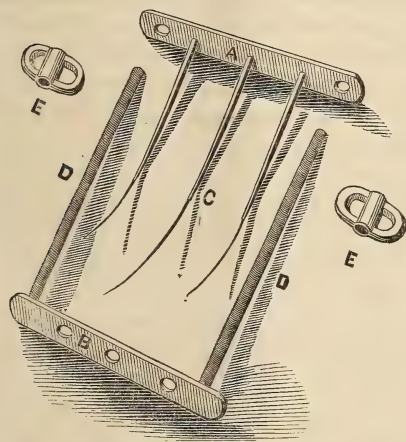
indications were met in this case by that admirable instrument, for the invention of which the author has received the merited praise of the whole profession. For, however well and accurately it may be applied, it will simply approximate the edges of the fistule, and in this case the anterior lip was so thin, that when pared, the raw surfaces presented, were so narrow as to give rise to but little hope of union. And again, it is always difficult to determine when the lips are in apposition.—For the material used is generally lead, and applied before the lips are permanently brought together, of course prevents the surgeon from seeing the wound long before the operation is completed. I believe no transparent substance has yet been suggested, which has all the requirements, for a "button," and very few would choose to subject the patient to the disagreeable consequences of introducing the little finger through the urethra into the bladder, for the purpose of examining the condition of the lips, as suggested by Mr. Brown, or of determining the relation of the parts, through the unsatisfactory medium of an instrument.

Ten days after the operation the button and ligatures were removed, and the fistula found to be nearly as large as ever. After a few days had elapsed I used the Clamp Suture of Dr. Sims, making the bars thick, in order if possible to produce some eversion of the lips, and thus bring into contact a larger healing surface. In this operation I failed to effect any good. For though they appeared at first to answer every purpose, on the third day I was informed by the patient that she was "leaking," and upon examining I found one end of the posterior clamp raised far above the level of the other, drawing with it, of course, the corresponding extremity of the posterior lip of the fissure. In fact the clamps had lost their parallelism.

Perhaps the failure to effect a union in both of these operations should rather be attributed to want of skill than to any fault of the instruments, still I believed, that if I did, in the last operation, force and hold the bars

so closely and firmly together as to prevent any possible want of parallelism, I might by the pressure bring about strangulation of the parts in this case, where the vaginal wall, anterior to the fissure, was fixed and immovable.

After the parts had entirely recovered from the effects of the previous operation, I applied the instrument, a representation of which accompanies this communication. It consists of a plate of silver (A), having a hole near each extremity, and three needles soldered to its front surface, these are slightly curved, composed of silver, as far as the letter (C), and from this to their free extremities, steel.



A second silver plate (B) of the same size and shape as the first, having fastened to each end a thread screw, and three holes corresponding in position to the points of attachment of the needles on (A). Lastly two female screws (E).

The fissure being brought into view, and the edges pared, the plate (A) was grasped with a long pair of curved forceps, and the needles passed through the posterior lip, and brought out through the anterior one. The thread screws were pushed through the holes in the plate (A), the needles through those in the plate (B), and by means of the female screws, the clamps approximated until the lips of the fistula were in perfect apposition. That portion of the needles projecting beyond the plate (B), was cut off, and the operation completed. On the eighth day the parts were ex-

amined, and the edges found to be well united. On the tenth day she was seized with erysipelas, contracted from a patient in an adjoining room, and on the 13th died. A post-mortem confirmed the examination of the 8th. I mention this, believing that it does not affect the efficacy of the instrument.

It has also been used in a case where the fistule was "situated in the bas fond of the bladder." It was removed on the 10th day and perfect union was found to be the result.

Dr. D. Hayes Agnew has suggested a modification, which, I think, ought to be adopted, namely: that instead of a male and female screw, a plain silver bar and a common perforated shot be substituted; he also thinks, the surfaces of the clamps, which look towards the fissure should be convex.

I think the instrument applicable to those fistules only—"established at the expense of the bas fond of the bladder," those "situated in the Trigonus Vesicalis," and those which "cause a communication between the urethra and vagina."

The number and length of the needles and the size and shape of the bars can be changed according to the character of the fistule. The advantages which I believe it possesses, are, 1st, its simplicity, and the ease and rapidity with which it may be applied; 2d, when plain, the clamp will produce eversion of the lips of the fissure, which is sometimes very desirable, the degree of eversion corresponding to the depth of the plates; 3d, the surgeon has a full view of the parts, during and after the operation; 4th, the clamps cannot lose their parallelism.

Cirrhosis of the Liver—Obliteration of the Left Lung—Displacement of the Heart.

By THEODORE A. DEMMÉ, M. D.,
Of Philadelphia.

About the middle of February of this year, I was requested to attend Mr. M., a gentleman of about 45 years of age, who had for a long time been laboring under dropsy.

Upon visiting the patient I found the abdomen enormously distended, and the lower

limbs much swollen. The countenance was slightly jaundiced, the respiration very laborious, so much so, that excepting cases of Asthma and advanced Phthisis, I cannot recall an instance of more distressed dyspnoea. Whenever the recumbent position was assumed, the difficulty of breathing was greatly increased. The pulse was regular, but weak; appetite had failed; the bowels were not inclined to costiveness; the kidneys were almost inactive; at no time during the progress of the disease did the patient suffer pain.

It was at once apparent to me that the primary cause of the dropsy was to be traced neither to disease of the heart nor of the kidneys. The peculiar physiognomy indicative of lesions of these organs was absent, whilst the jaundiced countenance and the abdominal dropsy indicated at least a participation of some derangement of the liver in the main disease.

Percussion over the abdomen gave a uniformly dull sound, (*not* tympanitic around the umbilicus, even when the patient was lying upon his back.) Immediately below the last rib upon the right side there was a clear, resonant sound elicited; above this, proceeding upwards in a vertical line towards the nipple, there was a tract of dullness, about *an inch* in width, extending from the lower ribs, upon the extreme right, obliquely upwards to the commencement of the ensiform cartilage; above this zone of dullness, the slightest blow upon the chest gave rise to a clear lung sound, which had almost the tympanitic fullness of an emphysematous lung. In the region of the stomach there was a tympanitic sound, which same sound could *also be elicited from the left chest, as far up as the nipple*, above which the sound became flat.

Auscultation upon the right side of the chest detected full, vigorous vesicular murmur, extending from the supra clavicular fossa to the region of dullness on percussion. Upon the left side no sound reached the ear, except near the apex of the lung, where bronchial respiration, bronchophony, and even protoriloquy, with at times a distinct gurgling, existed.

The sounds of the heart could be detected

above the nipple, very feeble, but distinct. The two sounds existed without any appreciable murmur.

My diagnosis and prognosis were soon formed. I had anticipated disease of the liver. I found that this organ offered a diminished area of dullness, and taking this in connection with the ascites and the jaundice, and the absence of other symptoms, the diagnosis was easily made—*cirrhosis* of the liver.

The peculiar sounds which I heard in the left pleural cavity, I partly accounted for upon the supposition that there existed great effusion into this cavity, and that in consequence its contained viscera, were pushed out of their normal positions. The tympanic loudness at the lower portion of the left chest, could be easily explained by supposing that the abdominal viscera had been forced upwards into the chest. The dyspnoea would be the natural result of the foregoing condition.

I attended Mr. M. for about three months, with the pleasing result of removing, to a very great extent, the dropsy and the difficulty of breathing, and of improving his general strength.

One day I was called to Mr. M., who had a chill, which, however, passed away without being followed by fever. This single chill, made me anticipate an approaching change. About seven or nine days after the chill, I saw Mr. M., in the afternoon, complaining of complete loss of appetite. That night he fell into a deep sleep, and about midnight, the family were startled by some peculiarity in his breathing, and upon examining him they found that a sudden stroke of paralysis had occurred. A few hours afterwards (9 o'clock in the morning) he died.

Autopsy.—Assisted by Dr. G. B. Lummis, I made a post mortem examination of the abdomen and of the chest.

The walls of the left chest were contracted, and forced in, thus presenting the appearance so frequently met with after the absorption of pleuritic effusion.

After drawing off the dropsical collection in the abdomen, by means of a trochar and canula—removing about two gallons of a clear liquid

having a yellowish tinge; the thorax and abdomen were opened by the usual incisions. Unfortunately for the very careful dissection of the lungs and heart, the costal cartilages were almost completely ossified, thus necessitating the removal of the sternum only, instead of this bone, together with the cartilages.

The following was the condition of the various organs:

The Liver presented a shining white appearance, which was due to its encasement in a dense, pearly white cartilage-like membrane, of more than an eighth of an inch in thickness. This membrane was bound by very firm adhesions to the diaphragm, thus compelling the liver to follow this muscle in its movements. Upon the lower and anterior edge of the liver, adhesions had been contracted with the transverse colon.

In regard to the exact nature of this investing tunic, I am not prepared to hazard an assertion, but it *appeared* to me to consist of a fibro-cartilaginous degeneration of the hepatic peritoneal covering.

Upon removing this covering from the liver, which could be done with very great ease, the capsule proper was visible, *perfectly* smooth, not hob-nailed.

The liver itself was much contracted, not being more than about $\frac{2}{3}$ of the average size; it weighed $3\frac{1}{2}$ pounds. Upon cutting into the organ, the tissue was firm and resisting.

The entire substance of the viscus was studied with innumerable corpuscles of the average size of a pin's head, and of a yellowish color.

Here was a case of cirrhosis of the liver, and yet the surface of the organ was not tuberculated, not hob-nailed. Whether or not the dense exterior envelope to which we have referred, or the minuteness of the cirrhotic acini, had aught to do with the smoothness of the surface of the diseased gland, I am not prepared to say; but if they had not, then we must admit the existence of cirrhosis of the liver, either with or without the irregular, hob-nailed surface.

The Spleen was enlarged and congested, and

the peritoneal covering also thickened and altered similarly to that of the liver.

The Kidneys were healthy.

The Right Lung had not a trace of disease.

The Left Lung and the Heart.—I have mentioned that the opening into the chest was necessarily very narrow, and consequently the relations of the parts to one another could only be learned through the sense of touch. Upon introducing the hand into the anterior mediastinum, no heart could be felt; on sweeping the hand through the left pleural cavity, no lung could be felt; the left chest seemed vacant and void; the hand could be carried from the top to the bottom without meeting any resistance. After a careful search, however, a hard body could be felt, deep in the groove, along the side of the vertebral column, which, after great difficulty, was torn from its attachments, and proved to be the heart. Immediately above the heart, at the very apex of the chest, was a dense body, also firmly bound down by adhesions which, upon being brought out of its recess, proved to be the left lung. The heart was enveloped in a dense membrane, the probable remains of the thickened and agglutinated walls of the pericardium, roughened by adhesions. The muscle itself was healthy; the mitral, tricuspid and semi-lunar valves presenting their normal appearance. The *left lung* was about $3\frac{1}{2}$ inches long and 2 in width and depth; it was firm and hard to the touch, and covered with thick, false membrane; the bronchial tubes were enlarged, and the air vesicles were obliterated; the pulmonary tissue may truly have been said to be carnified. This condition of the lung appears to me to answer to the description of a peculiar condition of the lung, to which Dr. Corrigan has given the name of cirrhosis of the lung.

In the magnificent pathological cabinet of Dr. Wood, I have seen a specimen of an almost obliterated lung, consequent upon long continued pressure from pleuritic effusion.

The interesting question connected with this displacement of the heart and atrophy of the lung is, by what agency were these alterations

brought about, and by what mechanism was the heart dragged from its normal position? In Stokes' great work on diseases of the heart and of the aorta, the author, after referring to a remarkable case of displacement of the heart to the right side, gives the following lucid explanation: "I now entertain scarcely a doubt that a pleuritic inflammation of the right side occurred, and that by the rapid absorption of the fluid then effused—the lung being unable, from various causes, to recover its original bulk—the heart passed over, and became fixed in the right side of the chest."

In the present instance, I believe that this condition was not due to a dropsical effusion into the chest in consequence of the cirrhosis of the liver, but that it arose from an attack of pleurisy some years previously, which fact I infer from the great strength of the adhesions, and from having been informed that about four years ago the patient was seized with great shortness of breath. The inflammation which existed, no doubt caused adhesions to form between the pericardium and the anterior mediastinum and the pulmonary pleura. Effusions then occurring, the lung, with the heart attached, was forced backwards and upwards, the pericardial adhesions, with the sternum and diaphragm, being stretched and torn, as was also the case with the ligamentum latum pulmonis, whilst in this new position coagulable lymph was exuded, and bound down the heart and lung.

The interpretation of the various sounds which percussion and auscultation gave, can now be easily accounted for.

It is almost incredible, that notwithstanding the great extent of disease, and the undoubted proofs of inflammation, both pleuritic and peritoneal, that pain was never complained of.

Mr. Erichsen has recently been performing Wutzer's operation for hernia, as a *palliative* measure in cases where the protrusion, on account of the size of the ring, could not be retained by a truss. The operations are reported as successful.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

[Reported by T. A. DEMMÉ, M. D.]

Service of Dr. Levick.

MAY 7, 1859.

Dropsy.—A brick maker, aged 49, married, admitted May 3, 1859, has been sick three months. The swelling began in his feet, after an attack of erysipelas; soon after this his abdomen began to swell, and has continued to do so ever since. He has been much exposed to the cold and damp in his business, but is strictly temperate in his habits.

Present condition.—His complexion is very nearly of the natural hue, no edema of the upper part of the body. The abdomen is very much distended, measuring, when the patient is in the recumbent position, 42 inches in circumference. In this position there is flatness on percussion from the pubis up to within half an inch of the umbilicus, the surface is swollen and slightly pitting on pressure. Above and in the middle part of the abdomen there is tympanitic resonance, while at the sides there is flatness on percussion. A sense of fluctuation is imparted to the hand, when the opposite side is thus gently but smartly struck. The scrotum and penis are somewhat swollen, but not to any great extent.—We have then a case of dropsy before us, and as dropsy is but the result of some preexisting cause, not strictly speaking, the disease itself, we must endeavor to find what that cause is in this instance. Dropsy may be produced by other causes, but the three organs, a disorder of which is the most frequent cause of it, are *the heart, the kidneys, and the liver*. We will investigate the condition of each of these; and first, of the heart. The countenance of the patient is not that of one with cardiac disease, he has no dyspnoea, there is no preternatural dullness on percussion, and as I auscult, I find the sounds of the heart are natural or nearly so. There is a slight, soft murmur, but it is certainly not organic, and is probably due to the anemic condition of the patient. There is no aortic disease, and the patient's pulse, though rather feeble, is a natural one; we may therefore exclude the heart from further consideration in the case. Next, as to the kidneys, the patient now passes his urine freely, as much as three pints daily. You will observe the smoky appearance of the urine, the specific gravity of which we now ascertain to be about 10.10, which is considerably below the normal standard, which is from 10.15 to 10.25. A low specific gravity of course indicates that the important function of the kidney, the excretion of urea, is imperfectly accomplished, but in drawing inferences on this point, you must not fail to take into consideration the quantity of

urine voided. If this be small, and the specific gravity be low, it is much more significant than if there be a large quantity of liquid. Testing the urine, as we will now do, we find by heat and nitric acid but a very minute quantity of albumen to be present. Under the microscope, we find a number of blood corpuscles with crenated edges, but no tubular casts and no oil globules, either or both of which we should probably have, were the patient suffering from Bright's disease of the kidney, a very frequent cause of dropsy. With the exception of some congestion of the kidney, which is probably secondary, there is no evidence of disorder of this organ. It is important not to draw too hasty a conclusion in regard to the existence or non-existence of Bright's disease from one observation of a case; for in many cases of the disease, there may be a complete disappearance for a time of the albumen from the urine. As then neither the heart nor the kidney appears to be much at fault, we must ascertain if the cause be in disorder of the liver.

You may remember that the swelling commenced in the feet; this is not usual in cases of dropsy resulting from disease of the liver: cardiac and renal dropsy are more apt to commence in the depending parts. A mere enlargement of the liver is not necessarily followed by dropsy, as can be easily shown by the absence of dropsy in the enlarged fatty livers so frequently met with. There are two conditions of the liver that most frequently produce ascites, viz: carcinoma and cirrhosis, especially the latter.

Dr. L. then explained the nature of cirrhosis, and showed how by the obstruction it afforded to the circulation of the blood brought to it from the chylipoietic viscera the vessels became congested, and relieved themselves by the transudation of their serum into the cavity of the peritoneum. If the quantity of liquid were but slight, it might be due to peritoneal inflammation, or if the patient were a female, there might be ovarian dropsy; but as neither of these is the case, I am disposed to refer it to the condition of the liver I have just spoken of. I am the more confirmed in this opinion from the appearance of the superficial veins of the abdomen, which you cannot fail to notice, are very prominent and filled with blood, showing that there is an obstruction to the free circulation of blood in the internal vessels. The mere fact, that the swelling began in the feet, does not conflict with this, as it may readily be explained by the attack of erysipelas, which preceded it. Besides this, swelling of the feet sooner claims the attention of the patient than a moderate dropsy of the abdomen. I believe it to be cirrhosis, as there is nothing in the appearance of the patient or the symptoms indicative of cancerous disease.

Cirrhosis is generally believed to be induced by

intemperate habits, but I am convinced that such is not always the case. The abdomen is so tense as to prevent us from feeling the edge of the liver, which under other circumstances we might perhaps detect, for though denied by some, I am sure the organ is sometimes enlarged in the early stage of cirrhosis.

Treatment.—Although the dropsy is not the disease, yet so great is the discomfort that arises from it that if we can remove the effusion we do much for the patient's ease. Considering the congested state of the kidneys if we use diuretics, we should give those of a cooling, saline character.

With this view, after the patient had been freely purged by the *compound powder of Jalap*, he was placed upon the use of the *Bi-tartrate of Potassa*, ℥iiss. in Oj. of water daily, care being taken that the whole quantity not the mere supernatant liquid should be taken. The *compound spirit of Juniper* which he had used for a day or two was omitted as too stimulant for the congested condition of the kidney, as shown by the smoky urine and its appearance under the microscope.

You are all, no doubt, familiar with Bright's Disease of the Kidneys, that peculiar organic affection of the renal organs so frequently the antecedent of dropsy: this affection occurs under different forms, a fibroid, a fatty degeneration of the organ, (the varieties of Bright's disease most frequently met with in this house), and the other, an acute desquamative inflammation.

It has been suggested of late, that Bright's disease is the probable cause of puerperal convulsions: it is said that as the uterus enlarges it presses upon the renal veins, and hence congestion of the kidneys occurs, and that in consequence these organs do not eliminate the proper amount of urea: not that the urea *per se* causes the convulsions, but that it is changed in the circulation and the carbonate of ammonia formed, which is the direct cause of the convulsions.

While disposed to believe this in part, I must confess the rationale of the production of the kidney affection is not altogether satisfactory, and it seems strange that nature, who generally works so nicely, should out of a purely physiological act produce so serious a pathological condition.

Dropsy, under certain circumstances, by affording a means of escape for the retained excrementitious principles, may like hemorrhage from a congested organ, prove useful.

Typhoid Fever.—Formerly brought before the class by Dr. Gerhard. The term typhoid has been often objected to as an improper one to apply to this fever, inasmuch as it very often does not assume the characteristics of typhus fever; but in the present instance the term is very appropriate.

This young woman upon entering the hospital had a dry tongue, a feeble, scarcely perceptible pulse, a dull dusky countenance, a tympanitic abdomen covered with sudamina, and lay in a state of almost complete stupor.

On entering, stimulants were freely administered: the amount of stimulants required to support her was very great; she took a wine-glass of milk-punch, (1 part brandy, 2 parts milk,) every hour; in addition essence of beef was prescribed, a grain of the sulph. of quinia every hour, and 10 drops of the oil of turpentine every three hours.

When I took charge, I diminished the quantity of quinia, and substituted carbonate of ammonia, gr. v. every two hours.

A few days ago this patient was threatened with pneumonia; this is very apt to occur, in the advanced stage of typhoid fever, and is a very dangerous complication.

In the treatment of the lung affection, the importance of attending to the position of the patient was forcibly illustrated; upon the same principle that hypostatic congestion of the lower limbs often occurs, on account of their dependent condition, so in typhus or typhoid fever, when there is an enfeebled circulation, the blood may gravitate to the most depending portion of the pulmonary tissue, and give rise to congestion of the part; for this condition change of position was directed, and stimulants, both external and internal, should be used.

Dr. L. then exhibited some pathological specimens taken from patients who had died of phthisis, a day or two after he had taken charge of the wards, and with whose previous history he was not familiar.—From the first the parts had been very nicely removed from the chest, and afforded a beautiful illustration, in the first place, of the effects of pleuritic inflammation. The one pleura was almost natural in appearance, smooth and translucent, but the other was thickened, opaque, and roughened, the consequence of the exudation of fibrin, and of the inflammatory alteration of the serous membrane. Upon examining such a specimen, the cause of the *friction sound* so characteristic of certain inflammations, is at once demonstrated; it is the result of the rubbing together of the pulmonary and costal pleuræ, roughened by such an irregular deposition of coagulable lymph upon the opposite surfaces. Upon pressing upon the lung, the organ feels hard, does not crepitate, and gives rise to the sensation of a foreign body in the tissue, which is actually the case, the tubercles being the foreign bodies. When the condensation of the lung is noticed, it is easy to explain the bronchial respiration, and bronchophony of pneumonia and phthisis. These abnormal sounds or natural sounds heard in abnormal directions, depend upon the closure of the air vesicles and the

interposition of a denser medium than ordinary lung tissue between the ear and the bronchial tubes, and in consequence sounds are conducted with greater facility through the chest.

The upper portion of one lung contains a very large cavity, filled with puruloid matter; the air in passing into such a liquid collection, gives rise to the sound of *gurgling*.

A large cavity in the lungs with firm walls, often gives rise, as was the case in this patient, to *metallic tinkling*, a morbid sound, in regard to the cause of which much difference of opinion exists; some ascribe it to the bursting of air bubbles; others to the falling of a drop of liquid from the walls of a cavity, and others again to the vibration of the body of air contained in the cavity.

Attention was also called to the liver, which had not undergone fatty degeneration. Dr. L. remarked that it not unfrequently happens in acute phthisis, that this peculiar condition of the liver is absent; in chronic cases of the disease it is very often present.

Post Mortem; Phthisis.—In the upper portion of the right lung there is a large irregular cavity, with others opening into it; to such a cavity the term anfractuons is applied. When such an anfractuons cavity exists, upon percussion a peculiar sound, to which the application of *cracked pot sound* has been given, is often heard; it no doubt depends upon the air being violently sent from one portion of the cavity to another, and out into the bronchi.

In opening the cavity, attention was called to the presence of a number of bands which traversed it in various directions; some of these contain a blood vessel, the tissues of which are much better able than pulmonary structure, to withstand the suppuration and breaking down incidental to the softening of tubercles; it can be easily comprehended how the sudden rupture of a band may give rise to great, even fatal hemorrhage.

There was also tuberculous ulceration of the larynx, and of the bowels. The laryngeal disease had almost deprived the patient of the use of speech. Attention was called to the ulcers in the bowels, that each ulcer pursued a direction, in the circumference of the bowels, parallel to the valvulæ conniventes, and did not implicate Peyer's glands. Exactly the reverse obtains in the ulceration of typhoid fever.

Service of Dr. Neill.

MAY 7TH, 1859.

Railway Injury.—(Vol. 2d. p. 120.) This was a boy whose foot was crushed by the wheel of a car. The case has progressed as favorably as could have been expected; the wound has filled up with healthy granulation, and the skin has assumed its normal characteristics.

Poultices were at first applied until the dead tissues had sloughed, and then covered with lint moistened with a solution of the sulphate of zinc, (grs. iv to f3j.)

Tumor of the Leg.—Thus far the case has progressed favorably; the leg, however, is very much swollen. The day after the operation there was great fever and restlessness, for which opiates were administered, and a towel soaked in warm water wrapped around the limb.

The patient is by no means out of danger.

Amputation of the Thigh, with Remarks upon the Operation of Bmpu-tation.—I propose to-day to remove the limb of a colored woman of about 50 or 60 years of age. During many years the patient has suffered from an extensive ulceration upon the leg, which, after careful attendance, was at length healed. Subsequently there was a return of the disease in a different position, and at the present time the surface of the leg is one ulcer, with here and there sinuses, which communicate with the interior of the bone. It is a case of suppuration in the medulary canal. The knee joint is also swollen and infiltrated with lymph and pus.

The old woman has suffered much from hectic and pain, and unless the limb is removed, will soon perish.

Amputation is an easy operation, but one that requires the greatest care and consideration in regard to the propriety of its performance in each individual case.

In this house the average result of this operation is more favorable than elsewhere, but you must not think that all cases recover.

Amputation of the thigh may be performed in various ways. The principle that should guide you is to select the simplest and the safest mode of operation.

The operation for the removal of a limb may be divided into two kinds, the circular and the flap operation. In the former the incision is made from the circumference of the limb towards its centre, the skin being first circularly or elliptically cut, and then the muscles divided by a circular sweep of the knife. The flap operation, as now in vogue, is very much the reverse of the former. According to Liston's plan, the limb is transfixed, that is, the knife is thrust through the limb and made to cut the flaps from within outwards. The latter mode of operating is the most rapidly performed, as far as the incisions are concerned; but the subsequent steps are more laborious than in the former. In the flap operation the muscles, arteries, veins and nerves, are divided obliquely, and there is, in consequence, much greater difficulty experienced in ligating the vessels than when these parts are cut directly across.

The theoretical idea that the flap affords a muscular pad to the stump will be dissipated upon studying the changes that occur in the limb. It will be found that the muscles are absorbed, and fibrous tissues substituted. The great advantage of the circular method is the facility afforded in arresting the hemorrhage.

Dr. Neill described the instruments necessary for amputation; and dwelt especially upon the application of the tourniquet.

He used the instrument in general use—that of Petit—which consists essentially of a strap and buckle, an arrangement of two brass plates, which can be approximated or separated by means of a powerful screw, thereby tightening or loosening the strap, and a pad which is intended to compress the artery. Before applying the instrument a roller is passed firmly around the limb, at the place where it is intended to place the tourniquet in order to protect the skin and soft parts.

The pad should be adapted to the size and position of the artery. The plates need not be placed over the artery, but in the most convenient situation. After etherizing the patient, the operation was performed. It was a modification of the circular. Two flaps were cut out of the skin by a scalpel, and the remainder divided by a circular sweep of the amputating knife. Dressing: lint spread with cerate, charpie, and a roller.

Medical Societies.

TWELFTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

LOUISVILLE, Ky., MAY 3d, 1859,

The Association convened in Mozart Hall, at 11 o'clock, A. M., and was called to order by the President, Dr. HARVEY LINDSLEY in the chair, supported by Vice Presidents Drs. W. L. SUTTON and T. O. EDWARDS. The other officers present were the Secretaries, Drs. A. J. SEMMES and S. M. BEMISS, and Treasurer Casper Wister.

The President introduced Rev. Stuart Robinson, of Louisville, who opened the proceedings with prayer.

The chair then declared the Association duly organized, and announced as first in order of business the report of the Committee of Arrangements.

Dr. R. J. BRECKINRIDGE, chairman of this committee, reported as follows:

Mr. President and Gentlemen of the Association:

It is my grateful office to greet you on this your Twelfth Anniversary, and tender you a hearty welcome to the city of Louisville. I do this, sir, in behalf of the physicians and citizens generally—

citizens, second to none in their intelligent appreciation of the honor and dignity of the profession, and the worthiness and usefulness of its members;—physicians, second to none in their devotion to the great work in which they are engaged.

We have watched, sir, with interest the formation and progress of this Association. We have noted, with equal gratification, the catholicity of its spirit, and the greatness of its designs. We have seen it, in its brief existence, gather into its fold thousands of members—members from every State of the Republic, and without possessing real legislative powers, exercise a most potent influence for good.

Formed for the advancement of science and art—for the gathering, interchange, and diffusion of knowledge—for the promotion of fellowship and harmony in the profession, by drawing closer and closer its members, it has *not* wholly failed in the accomplishment of its aims; and we trust for it a future yet more fruitful—harvests yet more abundant.

Feeling that "it is good for us to be here"—approving, thoroughly, cordially, the objects of the Association—and believing in its capacity for usefulness—we bid you God speed in your labors, while we heartily welcome you as honored guests, to our homes.

Dr. J. B. FLINT, chairman of a committee appointed by the State Medical Society of Kentucky to receive the American Medical Association, accompanied by Drs. W. L. Sutton, C. H. Spilman, W. S. Chipley, and W. C. Snead, came forward and addressed the Association in a few pertinent remarks of encouragement and welcome, which we regret that we have not space to copy.

The Secretary then called the roll.

The President now announced a recess of fifteen minutes to enable the various State delegations to choose their members for the committee on nominations.

Upon called to order the following members were reported as the nominating Committee:

New Hampshire, Dixie Crosby, Massachusetts, Solomon D. Townsend; Rhode Island, J. H. Eldridge; New York, D. M. Reese; New Jersey, A. N. Dougherty; Pennsylvania, R. K. Smith; Delaware, H. F. Askew; Maryland, G. W. Lawrence; District Columbia, Cornelius Boyle; Virginia, L. S. Joynes; North Carolina, Edward Warren, Jun.; South Carolina, J. M. Gaston; Georgia, John W. Jones; Alabama, J. B. Coons; Louisiana, S. O. Scruggs; Tennessee, E. B. Haskins; Kentucky, D. D. Thompson; Ohio, George Fries; Indiana, J. H. Brower; Michigan, William Brodie; Illinois, C. Goodbrake; Missouri, M. L. Linton; Iowa, D. L. McGugin; Wisconsin, C. B. Chapman; Army, Charles S. Tripler.

The President then appointed the following committee on voluntary essays: Drs. L. P. Yandell, of Kentucky, James Bryan, of Philadelphia, and C. G. Comegys, of Ohio.

Dr. R. J. BRECKINRIDGE, from the Committee of Arrangements, announced the hours of business

from 9 A. M. to 1 P. M., and from 3 P. M. until such hour as the Convention should adjourn upon resolution.

Dr. HARVEY LINDSLY, the president of the Association, then read his retiring address, which was listened to with marked attention, and was an eloquent tribute to the dignity of the medical profession and the importance of its improvements.

Dr. L. A. SMITH, of New Jersey, moved that the thanks of the Association be tendered to the President for his able and eloquent address, and it was ordered to be placed in the hands of the appropriate committee for publication, among the proceedings of the meeting.

Dr. CASPER WISTER, chairman of the Committee on Publication, read the annual report, and on motion of Dr. Sayre, of New York, the following resolutions appended to it were adopted:

Resolved, That hereafter every paper intended for publication in the Transactions must not only be placed in the hands of the Committee of Publication by the first of June, but it must also be so prepared as to require no material alteration or addition at the hands of the author.

Resolved, That authors of papers be required to return their proofs within two weeks after their reception, otherwise they will be passed over and omitted from the volume.

Adjourned until 3 o'clock, P. M.

AFTERNOON SESSION, 3, O'CLOCK.

Dr. W. L. SUTTON, one of the Vice Presidents, took the chair in the absence of the President.

Dr. D. MEREDITH REESE, of New York, chairman of the Committee on Nominations, reported the following officers for the ensuing year:

President—Henry Miller, of Kentucky.

Vice Presidents—H. F. Askew, Delaware; Chas. F. Tripler, U. S. Army; L. A. Smith, New Jersey; Calvin West, Indiana.

Treasurer—Casper Wister, Pennsylvania.

Secretary—S. M. Bemiss, Kentucky.

Dr. SAYRE moved the adoption of the report, which was unanimously agreed to.

Dr. Brainard, of Illinois, moved the appointment of a committee to conduct the newly appointed officers to their respective chairs. The acting President selected Drs. Brainard, of Illinois, Mattingly, of Kentucky, Sutton, of Indiana, McDowell, of Missouri, and R. J. Breckinridge, of Kentucky, and they accordingly performed the duties assigned to them.

The newly elected President, on taking the chair, addressed the Convention in substance as follows:
Gentlemen of the American Medical Association:

I am wholly at a loss to command language to express the deep sense of obligation put upon me by calling me to the presidency of your Association. It is an honor any man may well be proud of, and although I admit, in all sincerity, that you might without difficulty have selected an individual more worthy

the position, I may be allowed to say you could not have conferred it upon one who would prize it more highly or cherish it longer with the most grateful recollection. I do esteem it the greatest honor ever conferred upon me by the profession that I love, and to which I have devoted a long life; nay, more, it is the greatest honor that could be conferred upon any man by the medical or any other profession in this or any other country; for any decoration of honor or any mark of approbation conferred by a crowned head I should regard as a bauble in comparison. Who are you, gentlemen, when rightly considered? You are the rightful representatives of the great American Medical Profession—an army forty thousand strong, and a body of men, no matter what captious criticism may say in disparaging comparison with the European branch of the profession, in my humble judgment, far superior to the same number of medical men to be found in any quarter of the globe. Although as a body you may not be so learned, so critically and nicely framed in all the minutiae of the profession, yet for strength, integrity, and precision in all the great principles guiding to a successful combat with disease, this body is equal if not superior to that of any kingdom of continental Europe.

To be called to the presidency of such a body of men, is, in my sober judgment, the greatest compliment that could be conferred on mortal man, provided that man is a devotee of medicine, who has given his whole mind, soul, heart, and strength individually to the profession, and has that high regard for it which will not suffer any less noble pursuit to interfere with the daily though laborious duties of the profession.

Coming, so recently, from a sick bed, and still enfeebled in health, I beg to be excused from further remarks, and desire you to accept this brief and imperfect acknowledgement of the distinguished honor conferred upon me, instead of what, under other circumstances, I might be disposed to say.

Dr. R. J. BRECKINRIDGE moved that the thanks of the Association be tendered to the retiring officers for the faithful and assiduous manner in which they have conducted the business committed to their charge; which was unanimously adopted.

Several names were now offered as candidates for membership by invitation, when

Dr. T. O. EDWARDS moved that no person be admitted as a member by invitation unless his good standing in the profession be vouched for by some member of the Association; which was adopted.

Dr. EVE moved a reconsideration of the motion by Dr. Edwards; which carried.

And upon motion of Dr. Edwards, all applications for membership by invitation were referred to the Committee of Arrangements and Credentials.

Dr. J. B. LINDSLY, of Tennessee, offered the following:

Resolved, That a committee of three be appointed by the chair to inquire into and report upon the propriety of dividing the Association into sections for the purpose of performing such parts of its

scientific labors as may relate to particular branches of medicine and surgery.

Dr. BRODIE moved its reference to the Nominating Committee.

Dr. BRAINARD explained at some length the object of the resolution of inquiry, and urged its adoption as the means of giving more effect and usefulness to the proceedings of the Association, the reports of which had heretofore gone out unmaturing, in consequence of the want of concentrated action.

A motion by Dr. SAYRE to lay the motion on the table was negatived, and the motion of Dr. Lindsly was then adopted.

The Chair appointed as the committee, Dr. Lindsly of Tennessee, Dr. Brainard of Illinois, Dr. G. C. Blackman of Ohio.

Dr. DAVIS moved that no person be permitted to speak more than twice on the same subject, or more than ten minutes at one time, except by consent of the Association; which was adopted.

The Committee on Prize Essays was called, but the chairman being temporarily absent, was postponed.

The Committee on Medical Education failed to report.

The Committee on Medical Literature failed to report.

A letter from Dr. J. G. F. Holston, of Ohio, chairman of the Special Committee on the Microscope, was read, reported progress, and begging a continuance for more extended investigation; which was referred to the Committee on nominations.

A letter from Dr. Stephen Smith, of New Jersey, from the Special Committee on Medical Jurisprudence, had the same reference.

The Special Committee on Quarantine was not ready to report.

Dr. MARTINGLY, of Kentucky, from the Special Committee on Diseases and Mortality of Boarding Schools, asked a continuance until next year, in order to obtain further information requisite to the full investigation of the important subject. The request was referred to the Committee on Nominations.

The Special Committee on Surgical Operations for the relief of defective vision, on milk sickness, and on the blood corpuscle, had the same reference.

The following report from the Committee on Medical ethics was read, and such portion of it as related to the action of the Dubuque Medical Society in the case of an expelled member, was, on motion of Dr. T. O. EDWARDS, made the special order for 12 M. to-morrow.

To the American Medical Association:

The Committee on Medical Ethics beg leave to state that, of the subjects referred to them at the last meeting of the Association, they find the following notice in the minutes:

"Dr. Grant, of New Jersey, presented a complaint

made by the Newark Medical Society against the New York Medical College, for a violation of the ethics of the profession. Dr. Edwards, of Iowa, presented a similar complaint; and Dr. Oakley, of New Jersey, a complaint from the Union and Essex County Medical Society."—*Transactions, Vol. XI, p. 41.*

Upon these several complaints your committee beg leave most respectfully to report:

That the two complaints from the Medical Societies of New Jersey refer only to one and the same grievance, the particulars of which are set forth in a memorial which was presented to the American Medical Association on the 6th of May, 1858, and which is entitled, "Statement of the Newark Medical Association in reference to a Diploma granted by the New York Medical College."

The facts stated in the memorial which is now appended to this report, were, during the last annual meeting of the American Medical Association, examined as carefully as time and opportunity would allow. The charges therein contained against the New York Medical College were admitted to be true by Dr. Horace Green, President of said College, who, in apology for the same, submitted a written statement to your committee, which was at the time accepted as satisfactory by the gentlemen then present before your committee on behalf of the parties aggrieved; and being afterwards presented with a verbal report by the committee was received and entered upon the minutes in the following terms:

"Whereas, it appears from undoubted testimony that the New York Medical College have conferred the degree of Doctor of Medicine upon a notorious quack of the name of John F. Dunker, of Newark, the faculty, in the person of the President of said College, wish here to declare that the degree was obtained under gross deception and false testimonials furnished by said Dunker and his friends, and they therefore revoke and annul his diploma, and declare said Dunker to be unworthy of patronage or support from authority conferred upon him by this diploma."—*Transactions, Vol. XI, p. 49.*

These complaints being thus disposed of, your committee have only to add in reference to them that the memorial presented to the American Medical Association from the Newark Medical Association is worthy of special notice, as setting forth the negligent manner in which mere verbal and hearsay statements are at times accepted in place of authentic written testimonials, from individuals presenting themselves as candidates for the honors of our profession at some of the medical colleges of this country. In this respect there is reason to believe that the New York Medical College does not stand alone, and the publication of the accompanying memorial may be of service in putting a permanent check to this crying evil.

The only other complaint referred to your committee was that presented by Dr. Edwards, of Iowa, preferring a charge from the Dubuque Medical Society against one of her members, who had been expelled for an alleged infraction of the code of medical ethics. This complaint does not appear to be of such a character as to require adjudication here. It has, since the last annual meeting of the American Medical Association, been adjudged by the Iowa State Medical Society, [see transactions of the an-

nual meeting of said society, published at Dubuque, Iowa, 1858,] and having been then settled in the State in which the parties reside, it should now be dismissed.

All of which is respectfully submitted.

JOHN WATSON, M. D., Ch'n.

NEW YORK, April 28, 1859.

Continuances were asked by the Committees on the Pons Varolii, Medulla Oblongata and Spinal Marrow—their Pathology and Therapeutics; on American Medical Necrology; on the Hygienic relations of Air, Food, and Water, the Natural and Artificial causes of their impurity, and the best methods by which they can be made most effectually to contribute to the public health; on the Effect of the Virus of Rattlesnakes, &c., when introduced into the system of the Mammalia; on the Climate of the Pacific Coast, and its Modifying Influences upon Inflammatory Action and Diseases Generally; on the Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases; on the Physiological Effects of the Hydro-Carbons; on Epilepsy; on the Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease; and on the best Substitute for Cinchona, and its Preparations in the Treatment of Intermitent Fever, &c.; all of which were referred to the Committees on Nominations.

The Special Committee on Government Meteorological Reports made a report, written by Dr. R. H. Coolidge, of the U. S. Army, but read by Dr. Paul F. Eve, of Tennessee; which was referred to the Committee on Publication.

The committee, appointed in May, 1857, on Criminal Abortion, submitted a report written by Dr. Storer, of Boston, which was read by Dr. Blatchford, of New York, and referred to the Committee on Publication. The following resolutions appended to this report were unanimously adopted:

Resolved, That while physicians have long been united in condemning the act of producing abortion at every period of gestation, except as necessary for preserving the life of either mother or child, it has become the duty of this association, in view of the prevalence and increasing frequency of the crime, publicly to enter an earnest and solemn protest against such unwarrantable destruction of human life.

Resolved, That in pursuance of the grand and noble calling that we profess—the saving of human lives—and of the sacred responsibilities thereby devolving upon us, the Association present this subject to the several Legislative Assemblies of the Union, with the prayer that the laws by which the crime of procuring abortion is attempted to be controlled may be revised, and that such other action may be taken in the premises as they in their wisdom may deem necessary.

Resolved, That the Association request the zealous co-operation of the various State Medical Societies in pressing the subject upon the Legislatures of their respective States, and that the President and

Secretaries of the Association are hereby authorized to carry out by memorial these resolutions.

The Convention then adjourned till to-morrow morning at 9 o'clock.

SECOND DAY.

Wednesday, May 4, 1859.

The President, DR. MILLER, called the Association to order at 9 o'clock.

DR. D. MEREDITH REESE, chairman of the Committee on Nominations, called attention to the fact that the committee could not act definitely until the place for next year's meeting should be designated. He stated, also, that the Medical State Society of Connecticut had requested that an amendment to the constitution, proposed two years since, should be taken from the table, relative to the time of meeting.

It was moved by DR. BLATCHFORD, and seconded by DR. SAYRE, that the amendment to the third article of the constitution be taken up, which proposes to add after the words "first Tuesday of May" the words "or first Tuesday of June," and after the words "shall be determined" add the words "with the time of meeting."

The amendment was adopted by a constitutional vote.

DR. D. M. REESE also stated that the Connecticut State Society had extended a pressing invitation to the Association to hold its next meeting at New Haven, which invitation was referred to the Committee on Nominations.

Dr. Reese also called attention to the necessity of some radical change in the mode of appointing committees to prepare treatises on scientific subjects to be reported at the annual meetings. It had been seen, that on yesterday, a large majority of the committees made no reports and did not even see proper to send in any communication explanatory of delay. The difficulty heretofore has originated in the mode of selection adopted by the nominating committee. It has been customary for gentlemen to hand in their names and the proposed subjects, on slips of paper, and the committee, without further investigation, have so published in the annual reports. Thus it has happened that appointments have been most injudiciously made, and gentlemen to whom a special duty has been assigned, have been found to know less of that than any other subject. We therefore hoped that no committee of last year would be re-appointed, or continued, from which no report had been had and no communication received.

On motion, the Nominating Committee was unanimously instructed to act upon the suggestions of the chairman, who also stated, that there should be some definite expression of disapprobation as to the course of these gentlemen who had volunteered essays, and had their names reported in the news-

papers and spread over the land, and then paid no attention to the matter.

DR. FLINT, from the Committee on Prize Essays, begged leave to report that they received four dissertations in time for a careful and thorough examination, and two others, quite voluminous, only two days before the meeting of the Association. The latter we have felt constrained to exclude altogether from the competition of the present year, on account of the absolute impossibility of reading them with a critical purpose and effect. The others have been carefully examined by all the surviving members of the committee—one estimable associate, Dr. Evans, having been called from all his earthly labors before the active duties of the committee began.

More than one of the four essays we examined, exhibited much labor, and a commendable scholarship in their preparation—are voluminous, and in some respects very meritorious papers; but in the unanimous judgment of the committee, neither of them possess the degree and species of merit which should entitle its author to the Association prize.

The committee beg leave furthermore to report, that in their opinion, and as the suggestion of their own recent experience the Association should determine, in more precise and formal manner than has yet been done, the terms and conditions of competition and of success in the contest for prizes, for the government alike of contestants and the committee of adjudication, and that a committee be now appointed to consider and report upon that subject.

DR. GORDON, chairman of Committee on Etiology and Pathology of Cholera, made a partial report, and asked continuance of time.

On motion, the report was accepted, and referred to Committee on Publication, and petition for continuance referred to Nominating Committee.

DR. J. B. LINDSLY, chairman of the committee appointed to inquire into the propriety of dividing the Association into sections, for the better performance of its work in considering the various branches of medicine and surgery, recommended the adoption of such a plan as being indispensably necessary to making this body a working scientific association. They do not deem it necessary to enter into any argument in favor of this plan, it being the one already universally adopted by similar bodies. They would simply recommend, for the present, a division into the following sections, as being most suitable to facilitate the transaction of business, viz: 1. Anatomy and Physiology; 2. Chemistry and Materia Medica; 3. Practical Medicine and Obstetrics; 4. Surgery.

The committee do not propose that this subdivision of labor shall in any manner interfere with the regular business of the Association as now con-

ducted; but only that after having assembled each day in general session, each section shall meet separately for the purpose of hearing and discussing papers on such subjects as properly belong to them, and they therefore recommend that the Committee of Arrangements for the ensuing year, be requestee to provide suitable accommodations for the services of these sections, and that each of said sections shall be authorized to make such arrangements as may be required for the proper transaction of its business.

This report was considered and adopted, after a very able speech in its support, by Dr. Davis.

Dr. J. W. SINGLETON, of Ky., moved the suspension of the rules for the introduction of the following:

Resolved, That in the death of Dr. A. Evans, of Kentucky, the Association has lost one of its most manly and efficient members, and society a friend and benefactor.

The resolution was unanimously adopted.

Dr. W. L. SUTTON, under the resolution appointing a committee on registration of birth, marriages, &c., proposed a plan of general action, an abstract of which he read, on motion of Dr. Gibbs of South Carolina; and, on motion of Dr. L. P. Yandell, the subject was referred to a committee, to report during the present session.

Drs. W. L. Sutton, J. B. Lindsly, R. W. Gibbs, jr., James Bryan, Z. Pitcher, and G. C. Shattuck were appointed such committee.

A report from Dr. Thomas M. Logan, of California, on Medical Topography and Epidemics, was received, and referred to the Committee on Publication.

The chairman of the Committee on Voluntary Essays stated that he had received a paper on a case of extra uterine foetation, from Dr. Enos Hoyt, of Transylvania, Mass., and another on a case of accidental poisoning by strychna, from Dr. Douglas Bly, of Rochester, N. Y. He also presented a very voluminous paper, entitled "Observations on some of the changes of the Solids and Fluids in Malarial Fever, by Joseph Jones, Professor of Medical Chemistry in the Medical College of Georgia, at Augusta."

By request, Prof. Jones gave a verbal abstract of his paper, and an exposition of his theory, and on motion of D. W. Yandell the communication was referred to the Committee on Publication.

Dr. D. W. YANDELL announced that the following railroad companies had agreed to pass delegates to this convention over their roads at half price:—Pittsburg, Fort Wayne and Chicago; Pennsylvania Central; Jeffersonville; New Albany and Salem; Louisville and Nashville, and Cleveland and Pittsburg.

On motion, a vote of thanks was tendered to these companies for their liberality.

Dr. J. B. FLINT offered the following resolution:

WHEREAS, Our brethren of Great Britain are engaged in erecting a monument to the memory of John Hunter, whose invaluable services in behalf of Physiology and Surgery are recognized and honored, as well on this side of the Atlantic as in Europe; and whereas, this Association, as the representatives of American Medicine, would rejoice in some suitable manner to participate in so grateful a testimonial of gratitude and respect; therefore

Resolved, That a committee of three be appointed to consider in what manner this participation can best be effected, so as to be acceptable to our British brethren, and consistent with our own means and opportunities of action, with instructions to report at the next annual meeting.

The resolution was adopted, and Drs. Flint, Bowditch, and Shattuck appointed as the committee.

Dr. HARVEY LINDSLY offered the following.

WHEREAS, Parliamentary rules of order are numerous, complicated, sometimes obscure, and often inapplicable to such a body as the American Medical Association, and whereas, from the nature of the pursuits of medical men, they cannot be familiar with these rules; therefore

Resolved, That a select committee of three members be appointed to prepare a system of rules for the government of this Association, as few in number, as concise, and as perspicuous as possible, to be reported at the next annual meeting.

This resolution was adopted, and Drs. H. Lindsly, C. G. Comegys, and T. W. Blatchford appointed as a committee.

The paper of Dr. Bly, on Accidental Poisoning by Strychnine, was read by its author, and as individual cases are not reported in the Transactions (except as illustrations of principles) of the Association, thanks were returned for the communication, with a request that it be published in some medical journal.

The Nominating Committee made the following report:

The next annual meeting to take place at New Haven, on the first Tuesday of June, 1860. Dr. Eli Ives to be junior Secretary.

Committee of Arrangements—Drs. Chas. Hooker, Stephen G. Hubbard, and Benjamin Silliman, jr., with power to add to their numbers.

Committee on Prize Essays—Drs. Worthington Hooker, Conn.; G. C. Shattuck, Mass.; Usher Parsons, R. I.; P. A. Jewett, Conn.; and Jonathan Knight, Conn.

Committee on Publication—Drs. F. G. Smith and E. Wister, Philadelphia, Pa.; S. M. Bemiss, Louisville, Ky.; E. Ives, New Haven, Conn.; Hollingsworth and Hartshorne, Philadelphia, Pa.; and Askew, Wilmington, Del.

Committee on Medical Literature—Drs. Henry Campbell, Ga.; D. F. Wright, Tenn.; O. Wendell Holmes, Mass.; S. G. Armor, Ohio, and W. H. Byford, Ill.

Committee on Medical Education—Drs. D. M. Reese, N. Y.; W. K. Bowling, Tenn.; Chas Fish-back, Ind.; John Bell, Penn.; Z. Pitcher, Mich.

The following Special Committees were appointed:

On Morbus Coxarius, and Surgical Pathology of Articular Inflammation—Dr. Lewis A. Sayre, of New York.

On the Surgical Treatment of Strictures of the Urethra—Dr. James Bryan, of Philadelphia.

On Drainage and Sewerage of Large Cities, their Influence on Public Health—Dr. A. J. Semmes, D. C., chairman, Cornelius Boyle, and G. M. Dove.

On Puerperal Tetanus, its Statistics, Pathology, and Treatment—Dr. D. L. McGugin, of Keokuk, Iowa.

On Hospital Epidemics—Dr. R. K. Smith, of Philadelphia.

On Puerperal Fever—Dr. S. N. Green, of Stilesville, Ind.

On Anæmia and Chlorosis—Dr. H. P. Ayres, of Fort Wayne, Ind.

On Uterum Viride—Dr. James B. McCaw, of Richmond, Va.

On Alcohol, its Therapeutic Effects—Dr. J. R. W. Dunbar, of Baltimore, Md.

On Meteorology—Dr. J. G. Westmoreland, Atlanta, Ga.

On Milk Sickness—Dr. Rob't Thompson, Columbus, Ohio.

On Manifestations of Disease of Nerve Centres—Dr. C. B. Chapman, Wisconsin.

On the Medical Topography of Iowa—Dr. T. O. Edwards, Iowa.

On Microscopic Observations on Cancer Cells—Dr. Geo. D. Norris, New Market, Alabama.

On the Philosophy of Practical Medicine—Dr. Jas. Graham, Cincinnati, Ohio.

On Some of the Peculiarities of the North Pacific, and their Relations to Climate—Dr. Wm. H. Doughty, Ga.

The following Special Committees were continued or altered:

On Microscope—John C. Dalton, jr., N. Y.; David Hutchinson, Ind.; A. R. Stout, Cal.; Calvin Ellis, Mass.; Christopher Johnston, Md.

On Diseases and Mortality of Boarding Schools—Dr. C. Mattingly, Ky.; and Dixi Crosby, N. H.

On the Various Surgical Operations for the Relief of Defective Vision—Drs. M. A. Pallen, Mo., T. J. Cogley, Ind., and W. Hunt, Penn.

On the Blood Corpuscle—Dr. A. Sager, Michigan. On American Medical Neerology—Dr. C. C. Cox, Maryland.

On the Hygienic Relations of Air, Food, and Water, the Natural and Artificial Causes of their impurity, and the best methods by which they can be made most effectually to contribute to the Public Health—Dr. C. C. Cox, Maryland.

On the Effect of Virus of Rattlesnakes, &c., when introduced into the system of Mammalia—Dr. A. S. Payne, Virginia.

On the Climate of the Pacific Coast, and its Modifying Influences upon Inflammatory Action and diseases generally—Dr. O. Harvey, California.

On the Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases—

Drs. W. H. McKee, of North Carolina, and C. F. Heywood, of New York.

On motion of Dr. Brodie, Dr. A. J. Semmes was requested to serve as Secretary pro tem. during the remainder of the session.

The Association took up the special order, being the report on Medical Ethics, to which had been referred the action of the Dubuque Medical Society, which, after debate, was laid over until 12 o'clock to-morrow.

On motion of Dr. H. F. Campbell, a section of meteorology, medical topography, and epidemic diseases, and of medical jurisprudence and hygiene was added to those already adopted by this Association.

The Association then proceeded to consider and act upon amendments to the Constitution proposed at the last annual meeting and laid over under the rules. The following amendment was adopted:

Resolved, That the Constitution of this Association be so amended as to provide, that no individual who shall be under sentence of expulsion or suspension from any State or Local Medical Society, of which he may have been a member, shall be received as a delegate to this body, or be allowed any of the privileges of a member, until he shall have been relieved from the said sentence by such State or Local Society.

The next amendment, lying over from last year, was the proposition of Dr. Kyle, of Ohio.

That the Constitution of the Association be so amended as to prohibit the admission as a delegate or the recognition as a member of any person who is not a graduate of some respectable medical college.

This amendment was rejected, but, on the question of reconsideration, a long and animated debate ensued. Without arriving at a vote, the Association adjourned for dinner.

The following gentlemen have been admitted to the Association as members by invitation:

Indiana—B. C. Bowan, N. D. Field, John S. Rowe, R. Curran, D. Wiley, J. A. Windle, A. V. Talbot, J. W. Davis.

Ohio—W. C. Hall, N. B. Davis.

Tennessee—J. M. Brannoch.

Kentucky—W. N. Gaither, S. B. Fields, W. S. Cain, J. A. Hodge, S. B. Merrifield, Joshua Gore, H. M. Berkeley.

Missouri—J. M. Allen.

Alabama—Dr. N. Bozeman, Dr. Turney.

New Hampshire—David Kay.

On motion adjourned until 3 P. M.

AFTERNOON SESSION.

The Association was called to order at 3 P. M., Dr. H. F. Askew in the Chair. The discussion on the amendment under consideration at the hour of adjournment was renewed.

Dr. Kincaid moved a further amendment to insert the word "hereafter" after "prohibiting."

The Chair ruled the amendment out of order at the present stage, or until the Association decides upon the question of reconsideration.

After a long discussion, Dr. Davis, of Ind. moved to lay the motion to reconsider on the table, which was carried, 97 yeas, nays not counted, so the amendment stands registered.

The next proposed amendment to the constitution was that suggested by the New Jersey Medical Society, asking for such changes as would establish a Board of Censors in every judicial district of the Supreme Court, who should examine and grant diplomas to all proper members of the Association.

This was temporarily laid on the table for Dr. Crosby to offer a report of the Medical Teachers' Convention which met on Monday last. He strongly recommended a committee from this body to confer with the Teachers' Committee, and felt great confidence that something beneficial to medical education would be the effect of such conference.

Dr. Comegys moved the appointment of a committee of five to confer with the Committee of Medical Teachers and report at the next annual meeting, provided that no Medical Teacher be selected on the part of this Association.

Dr. T. M. Blatchford, of New York, offered as a substitute the following preamble and resolution:

WHEREAS, of all the subjects which can engage our attention in our associate capacity, that of Medical Education is paramount; and WHEREAS, harmony of action is essential to success in establishing definite qualifications entitling to admission in our ranks; and WHEREAS, nothing can be gained by hasty action in a matter so vital to our very existence, as a permanent Medical Institution. Therefore,

Resolved, That further action be suspended for the present upon the subject of the resolutions offered at the last meeting of the Association, by the Chairman of the special committee on medical education, and that a committee, consisting of S. W. Butler, of Pennsylvania, L. A. Smith, of New Jersey, Dixie Crosby, of New Hampshire, C. A. Pope, of Mo., and T. Buckler, of Maryland, shall be appointed to confer with the Committee appointed at the meeting of Medical Teachers, to report some plan for action at the next meeting of the Association.

This amendment was lost, and the original resolution adopted.

The resolutions from the New Jersey Medical Society were then taken from the table and referred to the Committee of Conference.

Dr. Davis offered a resolution instructing the same Committee to confer with the State Medical Societies for the purpose of procuring more decisive and uniform action throughout the profession in carrying into effect the standard of preliminary education adopted by this Association at its organization in 1847. This was carried.

Dr. Gibbs, from the Committee to examine into a plan of uniform registration of Births, Marriages, and Deaths, offered the following report:

They have given the same a careful consideration, and they unanimously recommend that the report be adopted and referred to the Committee on Publication.

They also recommend that the same Committee be continued, with instructions to add to the Report in time for publication in the ensuing volume of Transactions a form of registration law which may be likely to answer the requirements of the several States.

Dr. SAYRE, of New York, offered the following:

WHEREAS, The Medical profession at large have an interest in the character and qualifications of those who are to be admitted as their associates in the profession: therefore,

Resolved, That each State Medical Society be requested to appoint annually two delegates for each college in that State, whose duty it shall be to attend the examination of all candidates for graduation: and that the colleges be requested to permit such delegates to participate in the examination and vote on the qualifications of all such candidates.

This was, on motion, referred to the Committee of Conference.

The paper of Dr. Jones, presented at the morning session, was taken from the Committee on Publication and referred to the Committee on Prize Essays.

Dr. EVE moved to record the name of Dr. Benj. W. Dudley as a permanent member, which was adopted by an unanimous vote, the delegates all rising to their feet in token of respect.

Adjourned till to-morrow morning, at 9 o'clock.

THIRD DAY.

Thursday, May 9, 1859.

The President called the Association to order at 9 o'clock, and the reading of the minutes of yesterday was dispensed with.

The first business in order was an amendment to the Constitution, laid over from last year, and proposed by Dr. T. L. Mason, of New York, to insert in the first line of the second paragraph of Article 2, after the words "shall receive the appointment from," the words "any medical society permanently organized in accordance with the laws regulating the practice of physic and surgery in the State in which they are situated, and consisting of physicians and surgeons regularly authorized to practice their profession."

Also, to add to the sixth paragraph of the same article the words, "but each permanent member of the first class designated in this plan of organization shall be entitled to a seat in the Association on his presenting to this body a certificate of his good standing, signed by the Secretary of the Society to

which he may belong at the time of each annual meeting of this body."

Dr. LYNDON A. SMITH, of New Jersey, said amendments to the Constitution should be adopted with care, and though, perhaps, that now proposed might be desirable, still as Dr. Mason, who had proposed it, was not present to explain his views, he moved that the subject be laid over until next year. This suggestion was adopted.

Another constitutional amendment, proposed by Dr. Henry Hartshorne, of Pennsylvania, and laid over from last year under the rules, provides to add to the second article the words, "No one expelled from this Association shall at any time thereafter be received as a delegate or member, unless by a three-fourths vote of the members present at the meeting to which he is sent, or at which he is proposed."

This amendment was adopted.

Another amendment proposed by J. BERRIEN LINDSLEY, of Tennessee, was called up, to omit in article 2 the words, "medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions in good standing in the United States;" and also to omit the words, "The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

This was laid on the table until the next annual meeting.

An invitation was received from Mons. Groux, requesting the delegates to meet him at the Hall of the University at noon to-day, to witness experiments on his congenital fissure of the sternum, which was deferred until 4 o'clock this afternoon, as the Association had previously accepted the hospitality of Mr. and Mrs. Robert J. Ward at the former hour.

Dr. McDERMOT submitted the following resolutions:

Whereas, a vast proportion of the disease and misery that afflict our race is caused by the excessive use of intoxicating liquors, and whereas, in the opinion of this Association, the evils of intoxication can be most effectually remedied by the establishment of Inebriate Asylums, wherein the victims of intemperance may be subjected to such restraints and treatment as shall effect a thorough reformation of their habits; therefore,

Resolved, That this Association recommend the establishment of Inebriate Asylums in the various States of the Union.

Resolved, That the State and County Medical Societies and all members of the medical profession be requested to unite in diffusing among the people a better knowledge and appreciation of the beneficial purposes and important benefit that would be

conferred upon society by the establishment of such Asylums throughout the various sections of the country.

This resolution was referred to the mover as a special committee, with a request that he would report thereon at the next meeting of the Association.

Dr. SHATTUCK offered the following, which was adopted:

Resolved, That the committee appointed in May, 1857, on Criminal Abortion, be requested to continue their labors, and especially to take all measures necessary to carry into effect the resolutions reported by them on the first day of the meeting.

Dr. YANDELL, from the Committee on Voluntary Essays, made a further report, that a communication had been received from Dr. Sanger, of Iowa, on Subcutaneous Injections as remedials; which, on motion, the author read.

The essay was referred to the writer as a special committee, with the request that he would report further at the next annual meeting of the Association, and continue his investigations.

Invitations to visit the Insane Asylum and the Library and Museum of Transylvania University, were received.

The President appointed as the Committee of Conference to meet the committee from the Teachers' Convention, the following gentlemen:

Drs. Blatchford, Troy, N. Y.; Condie, Philadelphia, Pa.; Bozeman, Montgomery, Ala.; Brodie, Detroit, Mich.; and Sneed, Frankfort, Ky.

Dr. D. MEREDITH REESE, from the Nominating Committee, made the following final report;

Special Committees continued.

On Quarantine—Drs. D. D. Clark, Pa.; Snow, R. I.; Jewell, Pa.; Fenner, La.; and Houck, Md.

On Medical Ethics—Drs. Schuck, Pa.; Murphy, O.; Linton, Mo.; Powell, Ga.; Eve, Tenn.

On Tracheotomy in Membranous Croup—Dr. A. N. Dougherty, N. J.

The Effects of the Perineal Operations for Urinary Calculi upon Procreation in the Male—Dr. J. S. White, Memphis, Tenn.

On Mercurial Fumigation in Syphilis—Dr. D. W. Yandell, Louisville, Ky.

On the Improvements in the Science and Art of Surgery, made during the last half century—Dr. Jos. McDowell, St. Louis, Mo.

On the Cause and Increase of Crime and its Mode of Punishment—Dr. W. C. Sneed, Frankfort, Kentucky.

On the Education of Imbecile and Idiotic Children—Dr. H. P. Ayres, Fort Wayne, Ind.

On the Uses and Abuses of the Speculum Uteri—Dr. C. H. Spillman, of Kentucky.

On the Topography of Vermont—Dr. Perkins, of Vermont.

On the Pons Varolii, etc.—Drs. S. B. Richardson, of Kentucky, and Fishback, of Indiana.

On the Physiological Effects of the Hydro Carbons—Dr. F. W. White, of Illinois.

The paper from Dr. Ellis, of Massachusetts, on the subject, "Does the Microscope enable us to make a positive diagnosis of cancer, and what, if any, are the sources of error?" was referred to the Special Committee on the Microscope, of which Dr. Dalton is chairman.

On motion the report was adopted as a whole.

Honorary resolutions were passed to the memory of the following members of the Association, deceased:

Dr. W. M. Boling, of Alabama; Dr. Thomas D. Mütter, of Pennsylvania; Dr. P. C. Gaillard, of South Carolina; Dr. Jabez G. Goble, of New Jersey; Dr. John K. Mitchell, of Pennsylvania.

Dr. R. K. Smith, of Philadelphia, submitted the following:

Resolved, That the death of Dr. John K. Mitchell, one of the members of this Association, has been to this body a loss keenly felt by every man who knew him. His eminence as a teacher, his varied acquirements in every department of learning, and his generous social qualities in every relation, endeared him to every member of the profession who had the pleasure of his personal acquaintance.

Resolved, That the family be notified of the action of this Association.

Other more formal resolutions were offered, and feeling eulogies pronounced.

Dr. SAYRE offered the following, which were adopted by acclamation:

Resolved, That the thanks of the American Medical Association are eminently due and are hereby presented to the citizens of Louisville, Ky., for the princely hospitality publicly and privately extended to the members of this body during its present session.

Resolved, That to the Committee of Arrangements, and the Profession of Louisville generally, our thanks are due for their kind and assiduous attention to the Association, and for the hearty welcome with which they have greeted our Convention in their flourishing city.

After the transaction of some other unimportant routine business,

On motion of Dr. Davis, the Association adjourned to meet at New Haven on the first Tuesday in June, 1860.

The registration book during the day announced the names of Drs. D. G. Thomas, of New York, William S. Cain, of Kentucky, and Peter Allen, R. K. McMeans, and W. R. Kable, of Ohio,—making 305 members in attendance during the session of the Association.

—o—

Every man should be held as criminal who locks up his talent, whatever it may be. Mine, from nature, was small, but by application and perseverance, it has grown to be considerable.—*William Hunter.*

Editorial.

THE SEA SHORE.

As the season is rapidly approaching when large numbers of individuals seek some point where they may spend a few weeks either for recreation or the restoration of health, a word on this subject may not be altogether out of place. Every physician throughout the City and State is frequently called upon to advise in relation to this matter, and his opinion (as it should,) generally determines the selection.

The influence of salt air, and salt bathing as a powerful recuperative agency need not be enlarged upon, writing as we do for medical men, who fully comprehend their value. The time consumed, and the fatigue of travel in reaching the sea-side, has long operated in preventing very many from gratifying their wishes in this direction. To those whose time and means are ample, the place, so as it possesses the necessary arrangements for comfort is not very important, yet with the greatest number the accessibility of a locality will exercise no small determining influence. The construction of a railroad from Philadelphia to Atlantic city has brought the ocean within a ride of two and a half hours, with two or three communications daily.

This place possesses everything to attract visitors either in search of pleasure, or health; such as the most ample accommodations in the way of public houses under well directed management, cottages for those desiring more complete privacy, churches of different denominations, a safe and excellent shore for bathing, an air remarkable for its dryness, pleasure yachts for sailing, and to such as regard the manly sport of fishing and hunting, the waters and the meadows are alive with fish, snipe, and a great variety of game. The railroad constructed to this place is under the direction and efficient management of Mr. John Broadhead, a gentleman whose magnanimous generosity toward our profession is worthy of all commendation, having tendered gratuitously the accommodations of the road to and from Atlantic city to all the members of the State

Medical Convention about to convene in this city. This is in such striking contrast with the narrow policy which characterizes railroad companies generally that it should not go without a public recognition. For ourselves we feel that in consideration of the relation which the profession sustains to the community, its members when in the performance of professional or official service, should be relieved of personal expense attending public travel everywhere.

THE AMERICAN MEDICAL ASSOCIATION.

An apology is due to our readers for the late appearance of the minutes of the recent meeting of the American Medical Association. Having in April applied by letter to the Secretary to favor us with an early copy of the minutes, and having received the assurance that one would be forwarded, we supposed that we had done all that was necessary to secure it. Still, by way of making assurance doubly sure, we requested one of our collaborators, who went from this city, to be prepared to get a full report of the proceedings, which he would have done had he not been assured by the secretary and reporter that it would be unnecessary, as a full report would reach us as soon as he could get one to us. We do not believe that the report was withheld intentionally by the Secretary; it must have been sent and lost through the negligence or carelessness of the Post Office Department.

For the report which appears this week we are indebted to our regular exchange copy of the *Louisville Medical News* of May 15th, which somehow did not reach us until the 28th of that month.

The meeting of the Association seems to have been one of interest and importance. There was a very fair attendance of the profession of the Western States, and two or three of the Southern, though but a small delegation from the Atlantic States. We are sorry, too,

to see that there were few representatives from the extreme south-west, there being, we believe, but two delegates from Mississippi, Louisiana, Arkansas, and Texas. We hope that ere long all our States will become interested in these annual gatherings of the profession of the country.

Two or three important amendments to the constitution were adopted, which, we think, will react favorably on the Association. One was dividing that body into sections, thereby systematizing and facilitating the business, and preventing too much of the time of the Association being taken up with ethical questions and routine business. Another was, requiring that delegates be in good standing with medical associations at home; otherwise they are not to be received. The proposition from the Medical Society of New Jersey to establish Examining Boards in connection with the Association, we are glad to see was referred to a committee to report at the next meeting. This matter is of sufficient importance to demand deliberate action. We trust that the committees of conference on the part of the Association and of the Convention of medical teachers, will be able to come to some definite conclusion which will be of advantage to the profession. We commend to their favorable notice the proposition to establish Boards of Censors.

It will be seen that the next meeting was appointed to be held in New Haven. This step seems somewhat singular, in view of the fact that Connecticut was not represented in the Nominating Committee, and consequently not in the Convention. We suppose the appointment must have been made out of compliment to him who has been twice President of the Association. If we mistake not, however, the news came upon the profession of New Haven like a thunder-bolt. The question arises—What will be done with the delegates? For it so happens, we believe, that the State Legislature will be in session in New Haven by turn at the time the Association is appointed to

meet there. The public houses will therefore be full, and it may be difficult to procure accommodations. But Yankees are proverbial for their ingenuity, and we do not doubt but something worthy of the profession of Connecticut will be done. We would suggest that they provide for the delegates as those are provided for who attend the meetings of our large religious bodies—the American Board of Commissioners for Foreign Missions, for instance—by parcelling them out into private families. We feel assured that there would be no difficulty in disposing of the delegates in this way, and it might introduce a feature into the meetings of the Association which would be a very pleasant one. Certainly it would be a much more rational way of entertaining the delegates than the present mode of burdening the profession of the place where the meeting is held with the expense of dinners, suppers, excursions, etc., etc. Let New Haven set an example in this respect.

GRATUITOUS MEDICAL SERVICES.

The Medical Profession is the only class from which the public think they have a right to claim gratuitous services. The profession have so long tacitly acknowledged and submitted to the claim, that such services, no matter how efficient, or how arduous, are not ordinarily received as charity, and are frequently demanded as a right. It is not an unfrequent occurrence for the faithful medical servant of a public charity, to be impudently ordered or threatened, unless he conforms to the caprices of the ignorant or vicious who receive his unpaid services.

But, perhaps the abuses of the system of gratuitous medical services are due more to the cheapening influence of competition for practice, than to excessive charity. The profession itself is, therefore, for the most part responsible for it, and it seems to us that the remedy for the evil lies, in this country at least, wholly with it.

The abuses alluded to have recently been

the subject of frequent comment in the English medical journals, which it seems has not been without good effect, and a non-medical board, the Managers of the Nottingham Dispensary, has initiated the principle of payment of Dispensary Physicians for their services.

We have no desire to degrade medical services to the position of a marketable commodity, only to be bought, for even a worthy object, at the market price, but believe that its lavish and undeserved bestowal tends to make the community undervalue it, and to degrade the profession before them.

On the subject of "salaries for hospital surgeons," alluding to the scriptural argument, that the laborer is worthy of his hire, and the inference that therefore no man should serve his fellow creatures unless it be for hire, the *Lancet* offers the following dignified sentiments:

"The gratuitous services rendered by physicians and surgeons of all times and conditions, in all countries and among all nations, to the poor that gather into the public asylums of disease, have always constituted the brightest glory of the profession. We should be loth to resign that claim upon the sympathy, the respect, and the affection of mankind, which these holy labors have given, and which surround our vocation with an atmosphere of high and venerated influence; which it shares only with the church—its rival in works of love and charity. We could not see without regret, all the medical offices at our public hospitals converted into paid appointments. We are persuaded that this is far other than sentimentalism, it is even wisdom, in the sense of the worldly-wise."

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Committee of Arrangement and Reception will be in attendance in the lower room of the Department of Arts of the University of Pennsylvania, on Tuesday afternoon the 7th of June, from 4 to 6 o'clock, and on Wednesday morning, the day of the meeting, from 9 until 11 o'clock, at which times the delegates are requested to present their credentials, as soon after their arrival in the city as may be convenient, register their names, and receive their cards of membership.

A WORD ABOUT OUR TERMS.

We are frequently solicited by physicians in different parts of the country who are desirous of subscribing to the REPORTER, to waive our terms of payment in advance, for a specified length of time. Now, with every disposition to accommodate, we are compelled to say that we cannot do this. In order to give the profession a *good* weekly journal at a *low* price, we have adopted the *only* principle on which it can be done, viz: cash dealings with every one, and as we expect to pay our bills in cash, we must receive cash from subscribers.

For the present, those who desire to do so, can send one dollar (in gold or postage stamps where paper is not current,) which will secure the REPORTER for four months. After next fall however, the commencement of our third volume, we shall only receive yearly or half-yearly subscriptions. In this connection we would say that while we have been receiving money (some of which has been strongly suggestive of quarantine,) from every section of the Union, and at the rate of from ten to fifty new subscriptions a week, so careful have our correspondents been in making their remittances, that in only a single instance have we received money that was not good, and that was promptly replaced. A few subscriptions have been lost through the mails, but in almost every instance of that kind the subscriber has voluntarily assumed the loss. This is an evidence of appreciation that is as gratifying as it is encouraging to us.

Medical News.

The College of Physicians of Edinburgh has attempted an important movement toward doing away the professional distinctions which, without any scientific basis for such Brahmin-like castes, now exist in Great Britain. The *Lancet* says:—"The College desires to establish an order of Licentiates, and looks out into the medical world to see from what class it can best be constituted. It finds in Scotland a class of practitioners who are employed mainly in the border-land between consulting and general practice. They neither supply drugs, nor are in any way connected with pharmacy. They are not wholly pure from a taint of surgery and midwifery. From amongst them have arisen celebrated consult-

ants. They are numerous, intelligent, and educated.

It is to these men that the College propose to offer its license, and thus to impress them with the stamp of physician, provided that they shall have passed through the ordeal of a satisfactory scrutiny of the Council, and secured the votes of two-thirds of the Fellows in attendance. * * * * *

* * * The College of Physicians of Edinburgh, by this act, formally abdicates the position of a college of consultants; it declares that with the present organization of the medical profession, such a body cannot exist in Scotland; it announces its intention so to interpret its duties of scrutiny and voting during the ensuing year of grace, that no candidate shall be admitted who shall not deserve to be enrolled as a licentiate of any College of Physicians; and it calls upon the London College to consider, in its turn, whether it may not be found to the interest of medical progress to attach to the College, through the medium of its license, that large class of English practitioners which consists of men differing very little from physicians in the simple and literal interpretation of the word. * * * * *

This is the first of that gradual series of changes by which an assimilation of professional qualification, and an unity of medical organization, may in progress of time be successfully reached."

Crinoline.—This much abused article of female attire has some redeeming qualities. Besides when modestly worn, giving elegance to the form, comfort to the wearer, and relief from weight at the loins, it sometimes saves life. Thus we notice that recently a little daughter of Dr. Dilworth, in Osnaburg, Ohio, while playing with her companions, fell into a well, and was buoyed up by a crinoline that she wore, until some one came to her rescue. In East Machias, Maine, Alice Palmer, a servant girl, undertook to commit suicide by drowning, but her expansive crinoline refusing to agree to the terms of exit from life, she floated on the surface of the water until the ardor of the wearer was cooled, and she was saved. A little crinoline is a very good thing *away from the fire*. It should be dispensed with in the kitchen, where it is both needless and dangerous.

The English soldier, on duty, consumes one pound of meat daily, while the French or Sardinian is allowed but half a pound.

The *Pacific Med. and Sur. Jour.* says that Mr. J. Z. De Vesey, author of the first experiments with Bibron's antidote for the poison of the rattlesnake, took his departure for the scientific exploration of Lower California, on the 21st of March. He will remain in the vicinity of Cape St. Lucas for about one year.

Diphtheria is prevailing as an epidemic in the town of Dutch Flat, in Placer county, California, and is the second invasion of the disease since the year 1855. The town is situated in a remarkably healthy locality, exempt from ordinary morbid influences. It is four thousand feet above tide level, surrounded with fragrant pine forests, has a cool, bracing atmosphere, and it is difficult to associate with it anything connected with the etiology of diphtheria.

Arsenic for Sheep Dipping.—We recently alluded to a trial in England, resulting in a verdict of seven thousand five hundred dollars, awarded to the plaintiff for the loss of a flock of eight hundred and fifty sheep, five horses, an ox, and other animals, which were poisoned by eating the grass in a field on which had dripped from the fleeces, an arsenical solution.

The arsenic had been used in a bath for "dipping" the sheep, to rid them of parasitic animals, which is a common practice among sheep raisers. The defendant, a chemist who prepared an ordinary mixture for dipping, acknowledged that the animals were poisoned by arsenic, but not through cutaneous absorption from the dipping; but from the careless and hasty manner in which it was performed, not pressing the solution afterwards from the wool, and as they were immediately sent to graze, it dripped on the grass, of which they ate, and died, as did other animals in the same field which had not been dipped.

In the mixture used there were three hundred ounces of arsenic, yet there was in the chemist's directions for its use insufficient caution, and nothing implying the presence of this violent poison. The verdict is generally believed to have been a just one, but has been appealed from.

The *Lancet* says:—"M. Velpeau's alternate patronage and persecution of Vries, the black doctor, have worked him good results. It is said that a society is organizing for the purpose of purchasing the quack's nostrum, and of furthering its adoption by the public.

The *Scotsman* says:—"Sir Andrew Smith, late Director of the Army Medical Department, not forgetful of the days passed by him when a student in the University of Edinburgh, and still animated by a love for his old Alma Mater, has presented to the Natural History Museum his magnificent collection of *reptilia*. It embraces nearly two thousand specimens obtained from all parts of the world, and among them are many of great rarity and beauty. Its accumulation has been the labor of a long life, directed by a thorough scientific knowledge, and our city has thus become the fortunate possessor of a collection which, next to the *reptilia* of the British Museum, is perhaps the finest in the world.

William and John Hunter.—In an account of William Hunter, in the *Lancet*, occurs the following comparison of these brothers:—"On the continent, we believe the name of William Hunter stands in estimation before that of John. In this country, if a Hunter is named, everybody is meant. Some men here, however, have been bold enough to take the continental view. In the pages of this journal, last year, Dr. Priestly, in his able lectures on the gravid uterus, ventured the idea that on looking into the labors of William Hunter, one is tempted to think that for profundity of observation and true sagacity, he was in no respect the inferior.

There must, nevertheless, be a cause for the popularity of John in this country—and a cause there is—but the cause lies not in correct public estimation of the scientific works of the two brothers.

* * * * * But if by these presents we can induce our readers to peruse carefully the lives and works of the two Hunters, and to draw their conclusions on the ground of scientific merits alone, the statement underneath will receive, we predict, a universal sanction:

The brothers Hunter were twins in Science, but William was the first-born.

M. Baudens, in his account of the campaign in the East, asserts that although chloroform had been employed thirty thousand times in the French army there, no fatal accident had resulted from its use. Dr. Riget, of the Chasseurs, denies this. Two deaths occurred under his own observation; one at the Hospital Kamitchifflick, and another at Gulhane. This denial clearly takes away all value from M. Baudens' statement.—*Lancet*.

The funeral of *Humboldt* took place at Berlin on the 10th inst. The funeral procession comprised all that represented art, science and intelligence in the Prussian capital. Six horses from the royal stable drew the coffin, and three chamberlains preceded the funeral car. Students walked on each side, bearing green palms, and the coffin, made of oak, was plain and uncovered, but adorned with flowers and laurels. The Prince Regent, with the Prince and Princesses, assembled at the Cathedral.

The mortality of British troops in India has induced a sanitary investigation into the location of the barracks. It is proposed to place them on the mountains, or on the higher ground above the plains.

Baron Larrey is Surgeon-in-chief of the army of Italy.

At a meeting of the Board of Managers of the St. Joseph's Hospital, in this city, held on Monday, the 18th inst., for the purpose of appointing an obstetric physician to that institution, in place of the late Dr. McNeil, John Flynn, M. D., and M. R. C. S. L., was elected to fill that situation.

The following is an extract of a letter, dated Como, April 15th: "The son of our townsman, Volta, (one of the scientific glories of Italy,) is a beggar in our streets, his furniture at auction, his father's voltaic apparatus under the hammer, and the municipality reduced by war contributions, powerless to avert this disgrace. The Austrian authorities know nothing and care less about electricity or genius."

Prof. Agassiz, of Boston, expects to pass the summer in Europe.

TO CORRESPONDENTS.—We have articles on hand from Drs. Ziegler (on Tuberculosis), Bolling (Hardy's Lectures), Elsberg (Translations), a report from the Northern Medical Association, etc., etc., all which will appear soon.

Notices of several new books and other publications, are necessarily deferred.

Dr. C., *Ulster county, N. Y.*—The granulations when they skin over, no doubt will sufficiently repair the gap caused by the slough of the scrotum. If a plastic operation is contemplated, the flap

should be taken from the inner side of the thigh, or lower part of the abdominal parietes. The substitution proposed cannot be made.

Dr. S., *Scott county, Illinois.*—Fractures at the upper third of the femur are more liable to displacement than at other portions of the bone, in consequence of the influence of the anterior pelvic muscles on the upper fragment. Where the fracture is oblique, there is, no doubt, in most cases an appreciable degree of shortening, and if not more than an inch the cure is a good one.

The practice of applying temporary dressings for a few days, and then making a more accurate and complete one subsequently, is bad. The sooner the parts are adjusted, and the permanent dressings applied the better.

W. S., *Columbus, Miss.*—In the case you describe, in which the nasal bones are congenitally deficient, it will be impossible to permanently elevate the integument, so as to retain the proper shape of a nose. The nostrils may best be dilated to almost any extent, so as to facilitate respiration and articulation, by means of compressed sponge, used in the form of tent. On the preparation of this article see *Periscope* in next number of this journal.

Your suggestion of using metallic tubes for the purpose would not be very efficient. A variety of sizes would be required, they would be very difficult to retain in their places, and would be intolerable to the patient. Try the sponge, and report progress.

MARRIAGES.

CLARKE—CORSON.—On Wednesday, 25th inst., at the residence of John Johnston, by Rev. Thomas S. Malcom, Isaac J. Clarke, M. D., of Bridesburg, to Annabella T. Corson, of Philadelphia.

BENNER—LATIMER.—On the morning of the 26th May, by the Rev. Richard Newton, D. D., Dr. Henry D. Benner to Henrietta, eldest daughter of Thomas Latimer, Esq., all of this city.

WALTON—HASSON.—On Tuesday, May 24th, 1859, at St. Paul's Church, by Rev. P. F. Sheridan, Richard Walton, M. D., of this city, to Miss Anne Hasson, formerly of Londonderry, Ireland.

SMITH—McCUNE.—May 10th, by Rev. D. X. Junkin, D. D., Geo. W. Smith, M. D., to Miss Lizzie, daughter of S. R. McCune, Esq., all of Franks-town, Blair county, Pa.

WALLACE—NEWTON.—On the 26th of May, by Rev. Mr. Beatty, Dr. R. S. Wallace, of Brady's Bend, Armstrong county, Pa., to Miss Addie Newton, of Black Fox, Clarion county, Pa.

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER is ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 in advance; single copies, ten cents. THE REPORTER will only be sent to those who pay for it. Notice will be given to subscribers at the termination of their subscriptions. Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D.,
R. J. LEVIS, M. D., } Editors.

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago. Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are ten volumes, and they contain a very large amount of practical information, besides a large number of steel engraved portraits of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

J. M. MIGEOD,

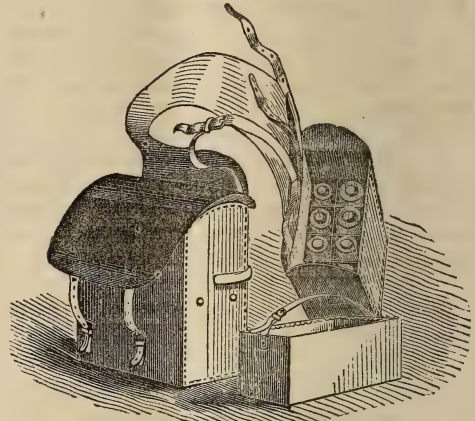
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " and	\$9 50
No. 2, containing	10 1 oz. " " " and	8 50
	10 1/2 oz. " " " and	7 50
No. 3, containing	8 1 oz. " " " and	
	8 1/2 oz. " " " and	

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " "	9 50
No. 6, " "	16 1 oz. " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " "	9 50
No. 9, " "	16 1 oz. " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " " and	
" " "	4 Pots, " " " and	
" " "	1 Mortar, " " " and	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " and	
" " "	4 Pots, " " " and	
" " "	1 Mortar, " " " and	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " " and	
" " "	4 Pots, " " " and	\$12 00
No. 4, containing	20 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " " and	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " " and	
" " "	18 1/2 oz. " " " and	
" " "	4 Pots, " " " and	
" " "	1 Mortar, " " " and	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " " and	
" " "	14 1/2 oz. " " " and	
" " "	4 Pots, " " " and	
" " "	1 Mortar, " " " and	\$16 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " and	
" " "	4 Pots, " " " and	\$13 00



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition) fifty most honorary award^{ns} from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your unequalled "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,
ABDOMINAL SUPPORTERS,
Shoulder Braces,
LACE AND ELASTIC STOCKINGS,
SPINAL APPARATUS,
AND INSTRUMENTS FOR ALL DEFORMITIES.

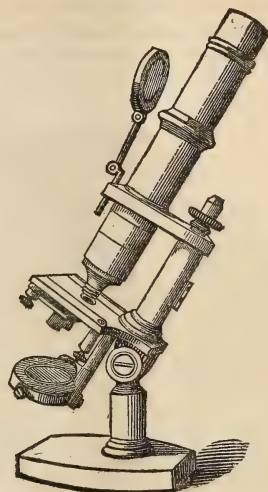
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—ly

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA SURGEONS' BANDAGE

INSTITUTE,

(PATRONIZED BY THE MEDICAL FACULTY.)

No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing), unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett 126-y.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin Square. Artificial Teeth in entire or partial sets; Obturators, Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

127

ADVERTISEMENTS.

NATHAN STARKEY,

MANUFACTURER OF

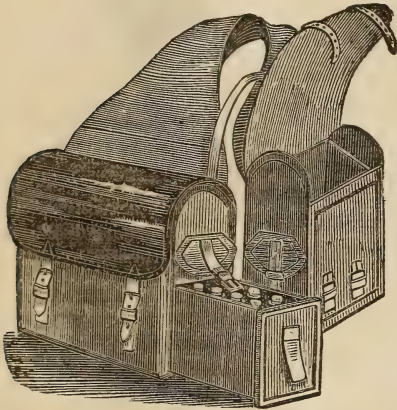
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11, " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 13, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 " "	19 00
No. 3, " 48 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " "	8 50
No. 8, " 15 " " " " "	6 50
No. 9, " 14 " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses and within one square of a Passenger Railway.)

PHILADELPHIA.

This institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M. D.

Consulting Physician,—PROF. SAMUEL JACKSON, M. D.

Application for admission may be made to the Attending Physician daily, (Sundays excepted,) from 11 to 12 o'clock. Applications in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, Sec'y,

No. 107, t. f. Box 1738, Philadelphia P. O.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,
32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.

Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.

H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.

Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.

Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.

S. Littell, M. D., Surgeon Will's Hospital.

E. Hartshorne, M. D., " "

A. Hewson, M. D., " "

D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.

R. J. Levis, M. D., " "

Isaac Hays, M. D., " "

P. B. Goddard, M. D., " "

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to *serve the Profession*,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 in advance; single copies, ten cents. The REPORTER will only be sent to those who pay for it. *Notice will be given to subscribers at the termination of their subscriptions.* Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D., } Editors.
R. J. LEVINS, M. D., }

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago.

Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are ten volumes, and they contain a very large amount of practical information, besides a large number of steel engraved portraits of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

J. M. MIGEOD,

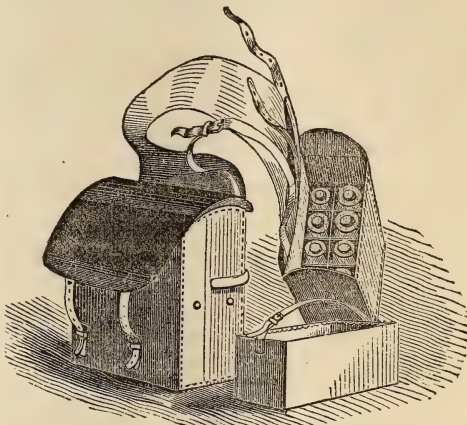
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " "	\$9 50
No. 2, containing	10 1 oz. " " " "	
	10 1/2 oz. " " " "	8 50
No. 3, containing	8 1 oz. " " " "	
	8 1/2 oz. " " " "	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " " "	and
" " "	4 Pots, " " " "	\$12 00
No. 4, containing	20 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	91 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " " "	
" " "	18 1/2 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " " "	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$16 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " "	and
" " "	4 Pots, " " " "	\$13 00



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary award^{ed} from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S

MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

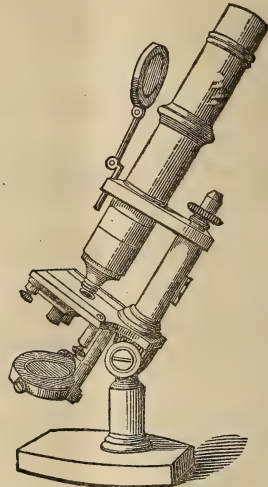
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Uri nometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123-ly

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA
SURGEONS' BANDAGE

INSTITUTE,
(PATRONIZED BY THE MEDICAL FACULTY.)

No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin Square. Artificial Teeth in entire or partial sets; Obturators, Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

127

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 138.

PHILADELPHIA, JUNE 11, 1859.

{ NEW SERIES,
{ VOL. II. NO. 11.

Original Communications.

On Tuberculosis and its Treatment. No. 8.

By GEO. J. ZIEGLER, M. D.,

Physician to the Home for Invalids, with Diseases of the Chest,
Philadelphia.

4. *Light*.—Light is a very important condition of life, though apparently not so essential thereto as heat. Nevertheless, its influence is very potential in promoting life action; and besides, as it is analogous to, and correlative with heat, it is hence more or less necessary to the existence and development of the vital economy. The influence of light has, however, been considered too exclusively limited to the lower forms of life, the vegetable especially, while in reality it is highly essential to the existence and development of animal as well as of vegetable life. Its influence is, therefore, not limited to plants alone, but extends also to animals, man inclusive. This influence is especially exerted in promoting the organic or vegetative processes, and is thus strikingly manifested in the growth and development of both plants and animals. Its power in thus promoting the vegetative functions of both plants and animals is very great, and often strongly marked.

Still, this power is not exclusively limited to the promotion of the organic functions, or the vegetative life of animals alone, but is also more or less active in promoting those of the animal life, or the life of relation. This is constantly exhibited in the influence which it exerts in augmenting the sensibility, impressibility and irritability of the special senses and general nervous system, and increasing the excitability and ac-

tivity of the muscular organs. The influence of light upon the animal economy does not, however, stop here, as it is, moreover, still further operative in exciting the functions of the cerebrum, and is thus active in promoting the higher and more exalted processes of psychical life. While, therefore, light is very active in promoting the functions of organic or vegetative life, it also exerts more or less power over those of both the animal and psychical life.

That light does thus exert a powerful influence over the various functions of the animal economy may be made more clearly manifest by a more particular notice of some of the phenomena to which it gives rise. Thus, for instance, it enables the organic or vegetative life to exert sufficient chemical power to convert inorganic matter into organic compounds for organic purposes. Plants are thus enabled to take up, decompose, recombine, and finally appropriate various simple and compound substances, both inorganic and organic. Light is hence especially useful in causing the plant to decompose carbonic acid, water, and ammonia, and to re-arrange their constituent elements, or combine their components in such manner as to form other and more complex bodies. In this way the plant is enabled to generate organic compounds out of simple or complex substances, and thus to prepare and supply the necessary pabulum for the more immediate as well as ultimate purposes of life.

This chemical influence of light appears to be more energetically exerted on plants than on animals, because, in the first place, they are the more immediate agents for the preparation of organic matter out of the crude elements; and, in the second place, the material employed

for alimentary purposes by the latter is usually in a state more nearly approximate to that of their own structure. Though correct in the main, this is not, however, absolutely the case in all instances, as much matter, both simple and compound, inorganic and of a low grade of organization, is introduced, combined, and transformed within the animal economy, prior to its more specific and ultimate metamorphosis and final assimilation. But besides these preliminary changes incidental to the construction of the organic pabulum for nutritive purposes, active chemical metamorphosis takes place in the retrogressive processes, for the perfection of which it is more than probable that light is highly essential.

The influence of light is, however, not only operative in thus modifying matter, but it is also active in promoting the development of living forms, both vegetable and animal. This is apparent to common observation, though it has also been demonstrated experimentally. Thus, for instance, it is strikingly exhibited in the rapid growth and extreme development of the flora and fauna of the tropics, (where light is most intense and abundant,) and the relative difference between them and those of the arctic regions, though of course this effect is due, in some measure, to the conjoint influence of heat. It is also exhibited in the relative influence of day and night, light and darkness, upon the growth and development of both plants and animals. Moreover, it is still further shown in the partial or complete suspension of organic metamorphosis and development by the more permanent privation of light, a striking illustration of the truth of which is presented in the experiments of Dr. Edwards, in which tadpoles were prevented from undergoing their usual development into frogs by being secluded from the light. Experiment, then, as well as observation, teaches that light is essential to the normal development of both vegetables and animals, and this is as true of the human body as of any other living organism.

The influence of the light in thus promoting chemical metamorphosis and organic development, is hence very extensive and potential.

But, as before intimated, this photogenic influence is not exclusively limited to the organic or vegetative life, as it is also more or less active in promoting the functions of the dynamic apparatus, or those of the animal and psychical life; in proof of which it is only necessary to point to the greater restlessness and activity of the body and mind during those periods of time in which the diurnal as well as annual increase of light takes place in the same spot as well as in different parts of the earth; and conversely, to the inactivity, inertia, and even stupor of the diurnal and annual diminution of light, during the night and those long seasons of darkness in the polar regions. Also, to the marked contrast appreciated by all, between the mental exhilaration and cheerfulness induced by clear, bright weather, and the dullness, gloom, and even despondency, produced by dark and cloudy weather.

Light is, therefore, mainly instrumental in causing chemical combination and decomposition, in generating organic compounds, in promoting nutrition, disintegration and depuration, and in stimulating the dynamic functions of the brain and nervous system. It is thus seen that the influence of light upon the different parts and processes of the human economy, the organic, animal and psychical life inclusive, is very powerful, and indeed of so much importance as to constitute an essential prerequisite for its normal development and healthy status.

The sources of light, or rather the more immediate agents for its development, are somewhat numerous, though the principal and most important is planetary influence, and the planet thus most active is, beyond all question, the sun. Besides this, there are others connected with both the inorganic and organic world. Thus, for instance, mechanical, chemical, organic and dynamical action gives rise to the phenomena of light, with different degrees of intensity and quantity proportionate to the activity of the developing cause. Some of these are more or less under artificial control, and the influence of this artificial light is, in some respects, similar to that of the sun. The

intensity and quantity of solar light varies according to the period of the day and season of the year in different parts of the earth, and in the same place at different periods of time, though doubtless the general average is always more or less uniform. The extremes are well marked, between the day and night, summer and winter, dry and wet seasons, and between the tropical and arctic regions. The relative effects of these different degrees of light upon the animal economy are usually more or less apparent. Thus in general, as before intimated, the difference and connection between the brightness and activity of the day, and the darkness and inertia of the night, are very striking. Moreover, the difference in the relative activity, vigor and development of life between the summer and winter, and the tropics and polar regions, are also well marked. Within itself, therefore, light is a stimulant, while its absence or darkness exerts a sedative influence. All other things being equal, then, these effects are in relative proportion to the degree of intensity and the quantity of light. The relative influence of these respective conditions of light and darkness are exhibited in both health and disease, and it is with a view to their better appreciation in these relations, in order to thus exhibit more positively their special connection with that particular morbid state known as tuberculosis, that we have offered these preliminary remarks.

The vital organism not only appropriates, but also develops light as well as heat. This is apparent in the absorption of light, as well as by its positive development in both plants and animals, man inclusive. This manifestation of light may occur in both health and disease, life and death. The evolution of light in man is however, somewhat rare, and is considered to be almost if not quite always connected with a state of disease, though it would seem that it may also be developed almost at pleasure in a condition of health. Thus it is stated that a stream of light flowing from the body, may be made visible in the dark, by holding the hand near a broad leather belt moving rapidly. It is also asserted that it may be developed by other means. The forms

of disease in man in which light becomes manifest are somewhat different, though they are in the main, of an adynamic type. Thus it has been observed in cancer and phthisis and some other morbid conditions. It has also been seen in connection with the breath, sweat, and urine.

The relation of light to life in general, and to the animal organism in particular is thus seen to be most intimate and important. This relation is however, more complex than the preceding considerations would lead us to infer, as we have hitherto treated of it as an unit, while in reality it is a compound of different influences. Thus analysis has shown that it is composed of photogenic, calorific, actinic, and colorific rays. The influence of light is therefore, multiple instead of simple, although all of these respective and peculiar constituents doubtless act both conjointly and separately. Notwithstanding however, the apparently compound character of light, it is probable that its constituents are but mere modifications of one and the same principle, arising either *ab origo*, or out of its relations with material substances. It is thus seen that light exerts at least a fourfold influence, and it is therefore probable that this influence varies at different periods according to the relative intensity and proportion of its constituents. The respective influence of these several elements of light, is more or less evident, but as we have already partially noticed some of the most active, we shall not again particularly dwell upon them; nor can we go into a minute detail of the others, and hence shall only allude in a very general way to some of their separate and combined effects with a view to their more direct bearing upon the special subject of attention. The powerful influence of the colorific ray in causing the development of color in both plants and animals is well known, and is in fact so familiar that many persons and females especially, regard light with so much dread that they avoid it so carefully as to often suffer greatly in general health from its privation. It is especially useful in giving color to the blood and other parts of the animal organism.

The influence of the actinic ray is also very

powerful in causing chemical changes both in the inorganic and organic world. It is especially active in promoting the chemical modifications and organic metamorphoses so essential to life action, and hence it is a potential agent in the production of the organic compounds for the development of both plants and animals, as well as active in promoting those changes essential to disintegration and depuration.

It is thus shown that light is a very potential agent in promoting the various processes of vegetable and animal life, and that it exercises a powerful influence over the functions of the human economy, either organic, chemical, mechanical, or dynamical, and hence necessarily over the vegetative, animal and psychical life inclusive. This is seen in the potent influence which it exerts in causing the chemical changes essential to the production of the organic compounds for nutritive purposes; in the promotion of the formative and retrogressive metamorphoses; in giving color to the various organic liquids and solids; in aiding depuration; in exciting the senses, and general nervous and muscular system; in stimulating the brain; and, in promoting the healthy development, vigor, and activity of the whole organism. While conversely, it is also exhibited in the fact, that its absence or darkness, retards or entirely suspends development and the various processes of life, and thus diminishes or checks the activity of the organic, chemical mechanical and dynamical functions of the animal economy. Proof of this is afforded in the imperfect or non-development of plants and animals, and of man especially; in the impairment of general nutrition, disintegration, and depuration; in the torpidity of the brain and nervous system; and, in the consequent inactivity of the body, dulness of the senses, inertia and even gloominess of the mind, with more or less stupidity and disposition to sleep. The stimulant influence of light, and the sedative influence of darkness is in fact so well known that it has given rise to the common practice of excluding the light in the treatment of various forms of disease, those of the brain and nervous system especially, to thus diminish excitement, allay

irritation, induce composure and quietude, and promote sleep.*

Sufficient evidence has thus been presented to prove that light exerts a powerful influence over the vital economy, and that its presence is essential to its perfect development and healthy condition; and moreover, that this is as true of the human as any other organism. While on the other hand, it has also been shown that its absence is a frequent and potential cause of imperfect or mal-development, inertia, and derangement. These derangements are of divers kinds both physical and psychical, and are frequently exhibited in the form of the various cachexias and their concomitants. An insufficiency of light is therefore, an active cause of disease, and more especially of those forms of atrophy and adynamia, connected with anæmia, rickets, scrofulosis, tuberculosis, and similar affections. Its ætiological relation with tuberculosis is well known, though too often overlooked or totally disregarded. Darkness or the privation of light is indeed a potential cause of this disease in both man and the lower animals, and it is necessarily very active in increasing its intensity when it already exists. Hence all other things being equal, those who are deprived of the vitalizing and beneficent influence of solar light are most frequently and severely affected with phthisis. This is not only true of man, but also of other members of the animal kingdom, hence the prevalence and activity of this disease in rabbits, cats, parrots, pigeons, monkeys, and other animals when obliged to live an artificial life which excludes them from the light. This is exempli-

*This knowledge affords a hint which might prove of much practical advantage in the treatment of many diseases, both general and local, in which a stimulant influence is required. Thus persons with purely adynamic states of the eye, brain, nervous, muscular and general system, as amaurosis, idiocy, dementia, paralysis, anæmia, inanition, and other atonic conditions, might probably be much benefited or even restored to health by a free and prolonged exposure to light. Indeed the practical value of such a course has already been demonstrated to a certain extent. This measure alone or in conjunction with other rational treatment is therefore, worthy of a more extended, careful, and systematic trial.

fied by the frequency and fatality of this affection in convents, prisons, factories, barracks, cellars, menageries, and other dark and often damp places. This vicious system of seclusion from light is however, not only thus often coercive, and involuntary, but also very frequently resorted to from choice in consequence of erroneous views concerning its influence, or false notions respecting beauty of complexion and delicacy of organization. The voluntary seclusion from light is very general, as is evident from the extreme care taken to exclude it from dwellings, offices and other places of business, as well as to avoid it in the ordinary pursuits of life; and, this too in so called civilized society notwithstanding its boasted intelligence and wisdom. This evil with many others just as absurd and injurious prevail very extensively, in cities especially, and hence the greater prevalence of the tuberculous forms of disease and the increased destruction of life in such places. In this connection compare for instance, the fresh and ruddy hue, florid complexion, or swarthy appearance and vigorous condition of those who like farmers, sailors and the various races of men, are freely exposed to the sunshine, with the pale and etiolated aspect, anæmic condition, and adynamic state of those who are more or less habitually deprived of the light. To obviate and correct as far as possible therefore, those evils resulting from a deficiency of light it will be necessary to abandon the senseless and pernicious custom of excluding it from houses by means of shutters, blinds curtains, and other appliances, or of otherwise avoiding it, and to adopt instead the more rational and salutary plan of free exposure to it, to thus secure the due proportion and beneficial influence of this bountiful source of life. A due exposure to light is especially important to children, to thus insure healthy growth and development, and prevent as far as possible the inception as well as aid in the resolution of the various adynamic and atrophic affections so peculiar and destructive to the young. And besides these to thus break up in their incipency those morbid tendencies, which if allowed to develope, so often become active and destroy life at a later period of time.

It is thus seen on the one hand, that general and local atrophy and adynamia, with anæmia, scrofulosis, tuberculosis, and many other pathological states, are frequent results of an insufficiency of light; and, on the other, that its presence and influence is very powerful in preventing and removing such morbid conditions. Light therefore, exercises a very beneficial and potential influence, both hygienic and therapeutic, in averting and resolving tuberculosis as well as many other abnormal conditions; and hence those thus threatened or afflicted should be freely exposed to its salutary power. If then this plan of free exposure to solar light was more general much less disease of all kinds, and particularly of that form known as tuberculosis would prevail, and more recoveries would take place of those thus afflicted. It would moreover, not only thus prevent and remove much physical, but also much psychical disorder, as the deficiency or entire absence of light causes in addition to derangement of the organic life, irregular or defective innervation and cerebation, promotes sadness and misanthropy, encourages anxiety and fear, diminishes moral and intellectual vigor, and thereby increases the tendency to physical and moral degradation. While on the other hand, the presence of light causes physical invigoration and mental activity, and promotes cheerfulness, vivacity, and morality. It then becomes an important duty as it is a necessity of existence, for every human being to secure its due quantum of light, so as to thus not only preserve, but restore when lost, its healthy physical and mental status. In its various physical and psychical relations light is therefore especially necessary to those predisposed to or afflicted with phthisis to thus prevent or resolve this abnormal condition. Its necessity to such is in fact so obvious that it is scarcely necessary to further urge its importance. Suffice it to say then, that the proper exposure to light of tuberculous persons cannot be too strongly enforced, as it is not only an important hygienic measure, but also a powerful therapeutic agent, and an essential prerequisite to the successful treatment of phthisis.

Gelsemium Sempervirens.

By F. F. GARY, M. D.

Of Cokesbury, South Carolina.

It is the aggregation of facts and experiment, that enables the physician to arrive at the true effects and therapeutical properties of any remedial agent.

Believing it to be the duty of every one to furnish these facts, in a manner best calculated to develop a more general interchange of opinion among the profession, I cheerfully add my mite through the columns of the MEDICAL AND SURGICAL REPORTER, as a vehicle best calculated to fulfil the desired purpose.

Probably there is no agent of the materia medica of which so many conflicting opinions have been expressed, as Gelsemium. With some physicians it is a popular remedy, while others cannot be induced even to give it a trial. One of the many causes affecting the introduction of new remedies, and particularly Gelsemium, is the misapplication of the remedy, and as a matter of course no definite results are obtained, and thereby its usefulness denied.

Every part of the Gelsemium possesses active properties, but the root is that portion used as a medicine, and it is to the properties of this portion of the plant that our remarks are directed.

Various formulæ have been submitted for its preparation from time to time. We prefer the following, believing it the best.

R Rad gel. semp. ʒiiv.

Aquæ,

Dig. 14 days.

Of this saturated tincture, 25 to 30 drops for an adult, and 5 to 20 drops for children every hour for the first four hours, then one half for secondary doses. The action of Gelsemium upon the nervous system is marked, producing giddiness, dilated pupils, and sometimes a peculiar swimming of the head, and always a disturbed vision in large doses, such as double vision accompanied with complete relaxation of the muscular system without nausea or vomiting, diminishing rapidly the circulation. For this last property it has been highly esteemed, and the claim set up that it

is superior to veratrum viride. It is true that it acts upon the sympathetic nerve, and is a valuable arterial sedative, secondary to the veratrum viride. It cannot be relied upon it for that certainty and promptness in reducing the pulse, but the Gelsemium possesses other properties that make it valuable, though its properties are not always exhibited.

I have seen cases where the Gelsemium did not produce any perceptible effect even in large doses, others again have only had the double vision. I have not observed that its narcotic properties are prominent.

I have given it in nervous diseases, inflammation of the brain, pneumonia, pleurisy, and acute rheumatism with benefit. In convulsions the effects have been very satisfactory. The thought has often occurred to me that it would be a serviceable remedy in tetanic convulsions, by administering it until complete muscular relaxation was produced. It has been claimed by some that this is a specific remedy for gonorrhœa, out of many cases treated by me with Gelsemium, not one was cured with this remedy alone. I found it valuable during the inflammatory stage of that disease as a preparatory remedy for other medicines.

There is no doubt of its value in all inflammatory diseases, where there is a full strong pulse.

It often happens that during the long continued use of veratrum viride the stomach will not retain it, or nausea is produced which is very distressing to the patient. In such cases the remedy of necessity must be discontinued or given in too small doses to produce the desired effect. In such cases a combination of gelsemium in the proportion of 15 or 20 drops with 2 or 3 drops of veratrum will relieve the difficulty, and obtain a reduction of the pulse without the nausea or vomiting.

The results obtained in the yellow fever epidemic in Charleston last summer were very satisfactory. Drs. White and Ford, with a view of testing its effects in comparison with other remedies, selected an equal number of cases for trial. The results were as follows, those treated with the old plan of calomel etc., one half recovered; of those treated with veratrum viride

one-third; all recovered that were treated with gelseminum. I write from memory, but believe the above is substantially correct.

From these experiments we are bound to believe it a valuable remedy in yellow fever.

If that terrible scourge should make its appearance again during the summer, I trust that the above experiments will be repeated and the result published, so as finally to put a stop to all controversy as regards its therapeutic properties.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

[Reported by T. A. DEMMÉ, M. D.]

Service of Dr. Levick.

MAY 11TH.

Scurvy.—The improvement in these men has been rapid and decided.

While drawing attention to this disease, it should be remarked, that there is another disorder for which scurvy may be easily mistaken, namely, purpura. Some maintain that the two diseases are identical. There are, however, differences between them which are marked and characteristic.

In purpura, as in scurvy, we have dark red extravasations of blood beneath the cuticle, but as a general rule, though not invariably, the spots are smaller in the former than in the latter. In each disease the patient complains of pain in the joints, which, without inspection of the part, might be mistaken for that of rheumatism, and treated as such. In purpura the gums are much less affected. So far as my observations extend, I am disposed to think there is a greater tendency to the extravasation of blood into the interior organs in purpura than in scurvy. It is this which renders the disease so dangerous in its character. In an examination made by me, several years ago, of a person supposed to have died from dysentery, the whole intestinal tract was found studded with these purpurous ecchymoses. I have no doubt that cases of this kind, attended with hemorrhage from the bowels, without fever or other well marked symptoms of inflammation have been erroneously treated for dysentery.

Treatment.—The general treatment has been already given. Very little is needed in the form of drugs, if the proper dietetic treatment can be obtained. We have given these men lemonade freely, and fresh vegetables.

By way of testing its virtues, we have given one of them the solution of the persulphate of iron. This article, *Monse's salt*, as it is called, has recently

been brought into notice by M. Monse, apothecary to the Military Hospital of Bordeaux, who published in the *Journal de Pharmacie et Chimie*, p. 208, (1857,) an account of its mode of preparation, &c.

The patient who is using it is doing well, but I cannot say that I perceive any marked difference between his improvement and that of his companions. For the mouth affection these men are using a solution of acetate of lead, a wash much used in mercurial stomatitis. The objection to its use, that it blackens for a time the teeth, in consequence of the formation of a sulphuret of lead, does not apply with the same force to such cases as those before you.

Enlargement of the Spleen.—This man was exposed to the usual causes of miasmatic disease, and has had intermittent fever of the tertian type. There is remaining great enlargement of the spleen, its lower edge can be distinctly felt several inches below the ribs, and there is, as you perceive, dullness on percussion over this space. Enlargement of the spleen is a very common sequel of intermittent fever, and though not necessarily productive of any evil consequences, is sometimes associated with very serious general cachexy, such as a change in the constitution and crisis of the blood. Among the conditions of system associated with enlarged spleen, we may have also a tendency to dropsy, and to passive hemorrhages, and that condition of the blood known as *leucocythemia*, in which there is an excess of its white corpuscles. We had a woman in the hospital last summer, whose spleen had attained an enormous size, reaching into the pelvis. While in this condition she had been delivered of an infant, which lived for five weeks, it having during all this time, we were told, chills of the tertian type. Another patient with enlarged spleen was subject to attacks of hematemesis, after which the size of the spleen would be much reduced for a time. Common salt freely given will, it is said, promptly reduce an enlarged spleen. We generally direct for such patients a preparation of iron and quinine, either Vallet's mass, or the sulphate of quinia dissolved in the tincture of the chloride of iron, a very convenient mode of administration.

In the treatment of his ague, this man has taken the sulphate of quinia to the amount of 15 grains, given in pills of three grains each. A pill of three grains, if made up with the aromatic sulphuric acid, is not inconveniently large. Glycerine may be used for the same purpose.

Some years ago the sulphate of quinia was substituted for that of quinia, (I do not mean *quinoidine*, but the third alkaloid *quinidia*) and in the amount of 12 grains was found efficient. In consequence of the increasing demand for it, quinia became as high in price as quinia, and we have therefore re-

turned to the latter. Sulphate of Cinchonia may be used with the same object.

Chorea.—A boy, æt. 12, pale and thin, was admitted May 9, 1859. He was in good health until nine years old; was attending school but was not very studious. Had an attack of St. Vitus' dance at that time, which lasted a year, after which he remained well until three months ago.

Present condition.—Constant and varied movements, tossing and twisting of the arms and head; can with difficulty dress himself; speaks with difficulty; puts his tongue out with a jerk.

Upon pressing over the vertebral spinous processes, I detect a spot which is peculiarly painful. The patient, when walking, seems to drag one side of his body, which is consequently more affected by the disease than the other, an observation that has been frequently made in cases of chorea.

The heart sounds are natural. There are many who suppose that chorea is of rheumatic origin, and that we almost invariably have rheumatic endocarditis co-existing. I have seen but few cases in which cardiac inflammation and chorea were both present, though an *anemic* murmur is not uncommon. There is a peculiar affection closely allied to this disease, to which the term *salaam convulsions* has been given. It is characterized by a peculiar bowing motion of the head. We had such a case in this hospital nine or ten years ago. It was that of a little girl, in whom this bobbing motion was almost constant, accompanied with much singing, so that her fellow patients were afraid to remain with her, believing that she was a little fairy.

Chorea, though a disease of childhood, is not exclusively so. Besides occurring to them under other circumstances, it will be found attacking women during pregnancy, giving rise to much distress and anxiety. This generally yields to treatment, or if intractable for the time, passes off with the delivery of the child. The worst case of chorea in an adult which ever came under my observation was that of a young woman whose parents were first cousins, and all of whose children had some irregular action of their nervous system. I refer you to the books for a full account of the causes of this interesting disorder. This boy has not had his brain overtasked, does not appear to have been frightened in any way, but we find that, young as he is, his animal passions are strongly developed, and he has been addicted to improper habits, a prolific cause of chorea. For the purpose of diminishing these, I have ordered for him the bromide of potassium, which is supposed to possess strong antaphrodisiac properties. The dose of this for an adult is from 2 to 10 grains.

To remove any irritant from the alimentary canal which may exist there, the bowels should be moved by mild cathartics, for drastic cathartics are them-

selves irritant. A warm bath, containing sulphuret of potassium, to be used every night, and a pill of powder of iron, with gr. $\frac{1}{4}$ of extract of belladonna, constitute the treatment adopted in his case. Should these fail us, we have in strychnia and in the preparations of zinc, remedies which have been much vaunted as efficient in the treatment of chorea.

Post Mortem.—The man from whom these specimens were taken was moribund when admitted, and died an hour after entering the hospital, having been ill for about three weeks.

Brain—There is adhesion of the membranes; opacity of the arachnoid; the vessels of the brain somewhat congested; the substance of the brain is somewhat softened, but there is no clot.

Lungs.—Appear to be full of blood; congested.

Heart.—Soft, breaking up under the finger.

Stomach.—Soft, mamillated.

Intestines.—Stained of a greenish hue; no disease of the glands of Peyer.

Liver and Spleen.—Soft.

From the general appearance of the patient during life, and the softening and passive congestion of the various organs, we presume this was a case of typhus fever.

Service of Dr. Neill.

MAY 11TH, 1859.

Pityriasis Versicolor cured by Sulphate of Potassium.—In this patient, who is about to be discharged, you will hardly recognize the nature of the disease. I have exhibited him to you before, and explained why the terms *chloasma* and *pityriasis versicolor* are used for the same disease, and the reason why the latter term was appropriate here. He wanted the brown liver-colored spots which the other name would indicate. He is now suffering only from the remains of the disease; there is no itching and no disquamation. The redness only remains, as it also remains after a burn, or in any reparation of the skin.

Results of Operations—Tumor of the Breast: removed about two weeks ago. The wound has almost entirely united, a large portion by first intention. The tumor, as anticipated, proved to be, upon microscopic examination, an instance of the common mammary or adenoid tumor. It consists of a fibrous stroma, through which was prolonged the glandular structure of the breast.

Cancer of the Breast.—This was a tumor of stony hardness, removed upon the same day as the last. Upon microscopic examination it was rich in cells, not very large, proportionate to the nuclei.

A large portion of this wound had united by the first intention, and the remainder was granulating very kindly.

Fractures of the Forearm.—Upon different occasions fractures of various portions of the skeleton have been presented, and to-day advantage will be taken of a number of cases of fracture of the radius and ulna, which are at present in the hospital, to illustrate some of the points of interest and value connected with this injury, the most frequent fracture that the practitioner is called upon to treat.

Case 1st.—As you glance at this forearm it is at once perceived that it is curved laterally about the middle; upon slightly moving the lower portion of the arm, crepitus is decidedly felt. The limb was fractured last Monday, a heavily laden car passing over the arm. There is an angular deformity salient upon the ulnar side. In consequence of the very great swelling, the limb was not placed in a permanent dressing until to-day. There is in the present instance a fracture of both bones of the forearm.

Treatment.—after the swelling has subsided, and reduction effected by means of a proper degree of traction in the direction of the length of the limb, the fragments are to be retained in place by means of two splints, compresses, and roller, which were then applied. In *all* fractures of the forearm, the two splints should be a little wider than the widest portion of the arm.

When both bones are fractured, the anterior splint should reach from the elbow to the tips of the fingers, and the posterior splint should reach to the wrist; but when the radius or ulna is fractured alone, the anterior splint should reach to the metacarpophalangeal articulation. One splint is sufficient to restrain the motions of the hand; the other is only to retain the compress, and press the muscles into the interosseous space. In fractures of both bones there is greater deformity, and greater necessity for care in the treatment than in the fracture of one bone.

In the treatment of these fractures compresses play a most important part. When a single bone is broken, the elliptical interosseous space is encroached upon, and therefore compresses must be made use of to preserve this space. When both bones are broken, the indication to preserve the interosseous space is still more imperative.

The splints are held in situ by means of a roller; but remember—no roller is to be applied directly to the forearm, before applying the splints and compresses.

Case 2d.—This injury occurred a month ago. The fracture took place at the lower end of the radius—a fracture that is always accompanied by a peculiar deformity.

A fracture of the radius, anywhere at the lower end of the bone, whether taking off any part of the

articulation, or occurring immediately above the articulation, or an inch and a half above, as originally described by Colles, requires the same kind of treatment.

This is the class of fractures that is so often mistaken for dislocations at the wrist joint.

This injury of the radius is often followed by stiff fingers. There is a reason for this. This fracture involves a portion of the bone in which there are a number of grooves, through which glide the tendons of the radial extensors, and if the hand is kept continuously extended during the treatment, these tendons become bound down by organised bands of coagulable lymph. It is almost an aphorism that should be borne in mind in the attendance upon these cases, that in every fracture near a joint the treatment should be conducted with the intention of preserving the motions of the joint, rather than the mere union of the fragments.

In these fractures the crepitus is not always so obvious, nor can the interlocking of the fragments be overcome, especially at first. The indication is to preserve the fragments at rest, and this we endeavor to do in such a manner, that the manipulatory movements of the hand and fingers may not be interfered with.

For this purpose there is no apparatus better adapted than the well known splint of Dr. Bond; but these indications can be equally well fulfilled by a single splint and proper compresses.

Dislocation of the Clavicle.—Comparatively speaking this injury is not of very frequent occurrence, as the force is generally so applied that a fracture of the bone is more liable to take place.

The clavicle rides on top of the acromion, it rarely slips under. The ligaments at the acromial end are particularly strong; there is a dense capsule, with an additional strong band above and below.

A dislocation of this end of the bone does not cause much pain, and fortunately the motion of the arm is not much impaired. You observe the freedom from pain, and ability to use the limb.

Treatment.—At the best but little can be done, the bone invariably slipping out of place upon removing the dressing. In the present case a strip of plaster has been placed over the bone, and Fox's splint applied, with the idea of making the ligamentous union as short as possible.

It has been suggested by Laugier to keep the bone in place by means of a tourniquet, one end of which should be firmly fastened to the anterior portion of the chest, and the other to the back, whilst the screw should press upon a compress, placed over the acromial end of the clavicle. I have tried this plan and after keeping the bone in its place for three

weeks, upon removing the tourniquet it popped out of its place.

Some deformity must always remain, as well as a tendency to a recurrence of the injury.

Burns.—*Case 1st.*—I have not had an opportunity to present a series of burns, and on some other occasion I will call your attention to their appearances more fully; but we must take these cases as they are, else their symptoms will disappear.

This young man, of apparent health and color, has a burn upon the neck and back, an unusual position, covering perhaps 80 or 90 square inches. It presents in the middle a large, brown, dry surface; on the edges a grayish slough, and, surrounding that, redness of the skin and slight vesication. This shows a great many processes and degrees of burn; there are here the first three or four of the six degrees of burn, according to the classification of Dupuytren.

He was burned by the explosion of a camphene lamp, and obtained no immediate relief. This black material denotes death of the true skin, and the greenish-white ring is also a slough; when removed there will be found beneath it a red granulating surface. The redness around the circumference shows that nature is beginning to produce reaction. His life is hardly in danger; large superficial burns of the trunk are more dangerous. The foot may be filled with molten iron, as in one case that you have seen, without so much danger to life as a superficial but extensive burn of the trunk. The complications are often serious. The prostration is sometimes dangerous in the outset; or the stomach gives way, ulceration of the bowels occurs, or there is effusion into the peritoneum or arachnoid, with feeble pulse and clear mind.

Treatment.—For the present, a flaxseed poultice.

Case 2d.—This patient, in a state of intoxication, was burned about the face, neck, and hands, by flame.

The parts are covered by vesications, and slight superficial sloughs of the skin. The face and lips were enormously swollen. A most serious complication here is the inhalation of flame. There is soreness of the throat, difficulty of deglutition, and huskiness of the voice.

The prognosis is serious, from this complication, and from his advanced period of life, (59 years.) There may occur oedema and ulceration of the larynx.

The treatment is of a supportive kind, which it is difficult to carry out, from the condition of his throat. He takes milk punch, beef tea, and anodynes at night. Lint, wet with slippery elm mucilage, is applied to his burns. There are many other applications to burns—oil, cotton, molasses, flour—

which all act on the principle of the exclusion of air. Burns should not be undressed frequently. After sloughing, poultices are the most agreeable.

Venereal Disease—Chancre.—I have time to exhibit the phenomena merely, and to say little with reference to their explanation. The man came in yesterday, with a chancre, which he observed first eight days ago. It presents now a deep excavation of the *corona glandis*; at the bottom filled with a grey material. The chances of secondaries depend much upon the character of the chancre. We feel the edges, to determine whether it be an indurated or non-indurated chancre. Why? The chances of secondaries with the former are greater.

This is a non-indurated chancre. We will not mercurialize him. We will apply caustic, and treat it as a sloughing sore, with lint dipped in an astringent solution.

I inquire into his general health, to determine his recuperative power, and will give him no mercury till there is necessity for it. Phagedenic chancres are not liable to be followed by secondary eruptions. If he has them, we will give him iodide of potassium, if that does not answer, we will mercurialize him, and repeat the iodide of potassium. There is danger in mercurializing every patient with chancre.

Bubo.—This is suppuration of a superficial gland. The skin is of a red and blue color. It is not connected with venereal disease. He has had no running nor ulceration of the penis, and says that he never had. There is no cicatrix about the penis.

Treatment.—We will treat it as we would an adenitis resulting from a scrofulous diathesis; or an irritation in consequence of a want of cleanliness,—the acrid secretions of the preputial glands giving rise to inflammation and excoriation of the glans penis. It will be poulticed, and opened.

SATURDAY, MAY 14.

Pathological Specimen.—Dr. Neill exhibited a pathological specimen obtained from a patient, whose thigh was amputated two weeks before. She was 65 years of age, and the limb presented numerous sinuses, abscesses, and a collection of offensive pus. The form of the tibia was altered; there was swelling and thickening of its internal face—a deposit beneath the periosteum—and it was pointed out as a most interesting fact that an orifice, half an inch in diameter, existed near the head of the bone on its internal surface. Here there was pus from internal suppuration filling up the cancellated structure—an abscess in a bone. This case was illustrative of a certain disease of bone, which had not before been brought to the notice of the class.

With some reservation he would make the remark that there were as many diseases of bone as of flesh;

that it was as liable to as many pathological changes as occur in other tissues. He had before shown caries. This was internal periostitis, suppuration, or abscess.

Why does this occur? and what is its nature? The internal periosteum surrounds the marrow. It is extremely vascular, and subserves an important part in the nutrition of bone. The want of a proper balance in the elements of healthful nutrition—an excess of blood, or perverted nutrition—manifested itself by diseased action. In this instance there was an effusion of lymph beneath the internal periosteum, which was converted into pus. What was the way of escape? How should the abscess burst? In soft tissues we all knew that it was by interstitial absorption and thinning of the part nearest the surface.

The lymph effused beneath the *external* periosteum has become bone. Beneath the *internal* there has been softening, and the pus, permeating the cancellated structure, has formed the opening of the softer extremity of the bone, with reference to temporary relief; the abscess has pointed, as it were, in the interior of the limb. These abscesses occur most frequently in the apophyseal portions of the bone. There was an altered condition of the articular cartilages; an erosion, depending on the degenerated condition of the tissues.

There was some thickening of the fibula; it was studded with spiculæ of bone. The patient did well apparently on the first day after the operation; on the second, the flaps began to slough, and her constitution was not sufficiently strong to rally and throw it off. She died from mortification. This was a result not uncommon with feeble constitutions in warm weather.

Dr. N. also felt bound to mention that he had lost the boy, whose operation (on the 4th inst.) was of considerable magnitude and severity, involving important structures, in a place where experience had taught him that interference was to be dreaded. It was one thing to see, and to do operations; but the recovery from them was quite another.

The effusion of lymph subsequent to the operation caused such swelling and pressure that the metallic sutures were taken out, and a poultice substituted for the wetted lint. The circulation was arrested by the compression of the vessels, and on the seventh day mortification set in. Vesications of bloody serum formed on the anterior part of the limb. Yeast poultices were applied, and mustard to the abdomen. Wine and brandy were administered, but he sank on the 8th day with prostration and a cold clammy skin.

Some favorable results of treatment were exhibited as well as the more unhappy terminations. A lacerated

wound of the scalp received about four weeks before, with fracture of the external table, and followed by delirium. Healed by granulation, and about to be discharged.

A lacerated wound of the head, bitten by a dog, with groundless apprehension on the part of the patient, of rabies in the animal, has healed kindly and is about to be discharged, cured.

*Fracture of the Neck of the Femur—Two Cases—*Admitted 10 weeks ago, within a day of each other, walked into the room on crutches. They had been out of bed but a short time; and had, one half an inch, the other, an eighth shortening. Dr. Neill remarked that this was as satisfactory as could be anticipated; that in this serious accident the result must be looked to with some anxiety. The shortening would not be perceptible in the gait after the patient had the ready use of the limb; which it would take sometime to regain. They were not generally allowed to leave the house till twelve or thirteen weeks after the injury, if it progressed favorably.

Unreduced Luxation of the Hip.—This patient was admitted into the house with wounds of the face, but his old injury was more interesting to examine and study. He had received it fifteen years ago.

The question arose—What was the nature of the injury? Fracture, or luxation? There was eversion of the foot, and shortening, very apparent by comparison of the patellæ; and ascertained by measurement to be $2\frac{1}{2}$ inches. There was marked difference when the patient stood, in the level of the trochanters, compared with the anterior superior spinous processes of the ilium. The direction on the injured side was nearly horizontal, the trochanter being two inches above its natural position; on the other, much more oblique. He has had luxation backwards and upwards on the *dorsum ilii*. Ineffectual efforts had been made to reduce it. The head of the femur has accommodated itself to its new position; and it is a fair case to show the utility of the limb with an unreduced luxation.

Compound Fracture of the Thigh—Railway Injury.—This man, beside some contusions, has a compound fracture of the thigh which presented a different appearance from any before shown. There was swelling and alteration of form from overlapping of the fragments. The utter helplessness of the limb was characteristic of this fracture. He cannot turn his toe in; crepitation and mobility were obvious. His bruises and general condition should be treated first. Extension and counter extension were a subsequent matter; if originally applied we should have an abscess—a dangerous complication. It was simply laid in a long fracture-box, enveloped

in a wet towel to convert it into a simple fracture. His water was drawn off when he came in; it was almost impossible that the bladder should empty itself. This was a serious case, not only with reference to shortening, but also the secondary changes which might occur.

Fracture of the Leg—Case 1st.—On other occasions I have shown you fractures of the leg; since then two other cases have come in which I will present to you to-day. The more frequently you see these injuries the more varied is the form and the more instructive to you. In this case there were vesications of bloody serum over the seat of fracture. It was swollen and moveable. The limb was enveloped in lead-water and laudanum, and the danger of its becoming a compound fracture secondarily, is diminishing. Extension can now be made without pain.

Case 2d.—This is a compound fracture the result of a railway injury. There is a bloody wound on the anterior portion of the tibia. The same treatment will be pursued; the edges of the wound will not be brought together by straps until the blood and serum have leaked out.

The limb was laid in a long fracture-box on account of the restlessness of the patient, restraining motion of the thigh as well as of the leg.

Editorial.

MEDICAL SERVICE IN THE NAVY.

The Board of Naval Medical Examiners, consisting of Surgeons W. S. W. Rushenberger, L. B. Hunter, J. D. Miller, and Passed Assistant Surgeon George H. Howell, brought its labors to a close May 23d. We are informed that Assistant Surgeons Thomas J. Turner, R. P. Daniel, William G. Hay, and Wm. T. Hood, who have been five years in the Navy, were found qualified for promotion, and will now be arranged on the list of passed assistant surgeons until vacancies occur in the grade of surgeons, to which they may be advanced seven or eight years hence. We congratulate them on their success and prospects.

The competition or *concours* for the office of assistant surgeon was among about thirty gentlemen examined. The Board was limited to

choose ten of the number. Of these, the following were selected in the order of their comparative merits: No. 1, William Bradley, of Pa.; No. 2, Edward F. Corson, of Pa.; No. 3, David Kindleberger, of Ohio; No. 4, Joseph D. Grafton, of Arkansas; No. 5, Robert L. Weber, of Pa.; No. 6, Robert J. Freeman, of Va.; No. 7, William E. Taylor, of Va.; No. 8, Bennett W. Green, of Va.; No. 9, James McMaster, of Pa.; No. 10, James W. Herty, of Ga.

Five years hence, these gentlemen, if living, and still in the navy, will be again before a Naval Medical Board in competition for the post of surgeon, having a fair opportunity to change the relative positions now awarded to them. Upon the future examination depends the priority or precedence of promotion, and their rank in the grade of surgeon. He who shall be awarded the first place then, will be first promoted, and subsequently the first to receive the appointment of surgeon of the fleet. These objects ought to stimulate all to keep pace in the improvements in the profession, by devoting, regularly and systematically, a part of each day, from this time forward, to increasing their stores of practical knowledge, in order to be fully posted when the day of trial comes.

There is no doubt that among the unsuccessful there are many competent young physicians who have probably gained information important to themselves, from the trial they have made. It is understood that the Board decides only on the *comparative*, and not on the *positive* merits of the candidates examined; therefore no odium or mortification of rejection attaches to want of success in the competition, at least not more than attaches to failure in a race or an election. They can again enter into competition next year, if they shall not have passed the age of twenty-five, with the advantages of experience in the mode of the examination, and of an added year of study and preparation.

It is the opinion and hope of experienced men whose attention has been turned to the subject, that Congress will sanction a large increase in the very limited number of medical

officers in the navy, possibly to the extent of twenty surgeons, and as many assistant surgeons, so that next year will probably see forty or fifty of the competitors selected for the office of assistant surgeon. The opportunity will be a rare one, and candidates for the place should at once set about preparing themselves to enter the list of competition.

We are assured now that such is the increased demand for surgeons for sea service, that men who have been afloat from fifteen to twenty years, and who have passed three-score, reaching, in some instances, three-score and ten, are sent to sea. On the list of surgeons, which is limited by the existing law to sixty-nine, there are thirteen incapacitated by disease, leaving only fifty-six, including several very old men, to perform all the duties. And there are seven or eight of the assistant surgeons who are unable, on account of bodily afflictions, to perform any service. These circumstances, in connection with the greatly increased activity of the naval service, create an imperious necessity for the augmentation of the medical corps of the navy, in the course of a year or two at furthest.

Resignation of Dr. George B. Wood.—We understand that our announcement of the resignation of Dr. Wood of the Chair of Theory and Practice of Medicine in the University of Pennsylvania, has been misapprehended in some quarters. Dr. Wood expects to give another course of lectures on his branch at the University the coming winter, and retire from the chair at the close of that course, which will give the faculty ample time to make choice of a successor.

The Medical Society of the State of Pennsylvania.—This society held its eleventh annual session in this city during the present week. A full report of the proceedings will appear in our next number. The attendance of delegates was larger than usual, and the whole proceedings, up to the time of our going to press, have been harmonious, and the meeting altogether a profitable one.

Periscope.

FOREIGN.

From the German, by THEODORE A. DEMMÉ, M. D.

On the cause of the color of venous blood.—This unwearied physiologist has again enriched his favorite branch by some valuable observations and experiments.

The distinction between arterial and venous blood has of late attracted considerable attention, and to this subject Bernard has directed the penetrating powers of his mind.

The grand fact that he announces is, that under certain circumstances the venous blood proceeding from glands assumes the characteristic appearance of arterial blood. The first observation was accidentally made. In experimenting upon the secretion of various substances by the kidneys, it was noticed that the blood of the renal vein was of a bright arterial hue, and that this hue was the more vivid in proportion to the activity of renal secretions. More extended observations were made, and the fact demonstrated, that during the functional activity of *all* glands, the venous blood presents the usual appearances of arterial blood.

The following propositions embrace the observations and views of Bernard upon this subject:

1st. This change in the blood depends upon the action of two nerves of different origin and antagonistic action.

2d. The sub-maxillary gland of the dog is supplied by a very small branch of a nerve, which behind the lingualis separates from the 5th pair of nerves, but actually has its origin with the 7th pair, which it leaves near the chorda tympani. Upon irritating this nerve, the nervous blood of the gland becomes of a bright red; if cut, the color of the venous blood is restored, but upon irritating the peripheral extremity, it again becomes of an arterial color.

3d. The dark color of the venous blood is not the passive result of the quiescence of the above nerve, but the consequence of the activity of an antagonistic nerve, which is a branch of the sympathetic, arising from the gangl. cerv. suprem. Upon cutting this filament, the reverse phenomena occur to those which obtain when the nerve first alluded to is cut.

4th. Both of these nerves act on the capillary circulation—the former accelerates, the latter retards the movement of the blood.

5th. The former *actively dilates* the capillaries, the latter contracts these vessels. They are both motory nerves.

6th. They are antagonistic in their action, inasmuch as the change in color is more marked upon irritating one of them after the other has been divided.

7th. Upon the capillaries contracting, a more immediate contact of the blood particles and the gland elements is favored, and in consequence a more complete interchange of matter. The dilatation of the capillaries has the reverse effect.

Condensed from recent English journals, by T. A. DEMMÉ, M. D.

Simpson—Surgical Fever.—A few weeks ago a patient came under the care of Dr. Simpson, of Edinburgh, (*London Lancet*), in consequence of retention of the menstrual secretion, and its accumulation in the cavity of the uterus, the result of a complete occlusion of the vagina. The adhesions in the vaginal canal were to some extent broken through with the finger. This apparently simple procedure was followed by slight but distinct febrile symptoms. The symptoms, however, subsided after a day or two, and when they had finally and fully disappeared, the uterus was relieved of its long accumulating contents, by making a small opening into the dilated uterus, at its most dependent and most yielding point, with a tenotomy knife. The uterus was punctured through the roof of the vagina, and there escaped about twelve ounces of dark, tarry, viscid fluid.

The patient remained well for thirty-six or forty hours afterwards, but then a rigor occurred, and fever set in with all its fatal consequences. On the fifth day from the time of the operation she died. The post mortem revealed the signs of metritis and peritonitis.

This case suggests the question, what do patients die of after undergoing surgical operations, either in the course of general or obstetric surgery? They die of surgical fever, a disease consisting of co-existing acute fever and acute internal inflammations, just as puerperal patients die of puerperal fever, a similar compound disease consisting of acute fever and acute internal inflammations.

Dropsy of the Antrum.—Dr. Greene (*Lancet*) relates an interesting case of the above. There was a hard swelling in the superior maxillary of the right side, free from soreness,

but attended with a constant pain of an uneasy, gnawing character. Close to the orbit the bone was well defined and normal. On careful pressure at the lowest portion of the tumor, the attenuated parietes of the antrum were found to give way with a crackling sound. Inside the mouth the bone was largely distended, completely filling up the cavity between the alveolæ and the muscular covering.

Treatment.—The first molar tooth was extracted, and a trochar introduced through its socket into the cavity of the antrum. About an ounce of thin, yellowish fluid, of an intensely bitter, nauseous taste, was drawn off. The relief from pain was instantaneous after the operation, the swelling diminished, and the parts became soft. After a week, the parts had recovered their natural size.

Trephining the Tibia for Long-continued Pain.—At Guy's Hospital, Mr. Cock (*Ibid.*) applied a small trephine to the upper part of the right tibia of a woman, who lately entered the hospital for the purpose of having her leg amputated to relieve the intense suffering which she had endured for three years, originating in a blow on the shin. A constant, deep-seated pain was referable to a particular spot, which could be covered by the tip of the finger. There was no enlargement of the bone, nor periostitis, nor evidence of necrosis, nor pain on pressure over other parts of the tibia. The poor woman was almost worn out with suffering, and had submitted to every variety of treatment in vain. The trephine came upon the central cavity of the tibia, which contained no sequestrum nor any abscess. The bone was more compact, and seemed thicker than natural. Mr. C. has found the same treatment answer in other cases, and there is no doubt, when suppuration becomes freely established, the pain in this instance will disappear.

From the German, by L. ELSBERG, M. D. of N. York.

Bronchiectasis Sacciformis.—The German Med. Journals regard as a very valuable contribution a communication to the *Osterr. Zeitschr. für prakt. Heilkunde* for 1859, No. 2, on the sack like bronchial dilatation,¹ by Prof. Bamberger. While we gladly direct attention to the subject, we cannot say that we

¹ "A bellying or globular expansion," see Watson's Pract. p. 551; Wood's Pr. vol. ii. p. 62, &c., &c.

can find anything in Prof. B.'s observations that is not more or less known by the profession generally. As the cause of such ectasis, Bamberger regards in every case under all circumstances, an inflammatory process leading to atrophy of the bronchial wall. At first the mechanical influences are inactive, though they may afterwards increase the expansion. The tissue of the lung shows almost always the characters of emphysema and oedema. In not a single case did he ever find a trace of tubercles, and therefore agrees with Rokitanski as to the general "Ausschliessungsfähigkeit" (*exclusionary power*) of well developed and extensive bronchiectasis against tuberculosis. Extensive and firm adhesions were found in almost every case and correspond to the frequent pleuritic phenomena; enlarged bronchial glands were also found in almost all cases.

The most important symptoms are violent attacks of coughing with expectoration of fetid purulent sputa in great masses, frequent attacks of hæmoptysis, the physical signs of formation of cavity, and the gradually progressive marasmus. As means of distinguishing the dilated from tuberculous cavities an account of the aid derived from the situation of the physical signs is repeated, namely, that "in bronchiectasis they are observed considerably oftener on the lower and posterior parts of the lung than on the upper lobes;" and as still more important Bamberger quotes the circumstance first made known by Rapp, that in bronchiectasis there occurs a much more rapid change in the physical signs than in any other form of vomica. The strength and looks of persons affected with bronchial dilatation often remain in spite of persistent cough and expectoration apparently unimpaired for many years.

Our knowledge of the treatment is not enriched by Bamberger's communication.

In addition, we feel greatly tempted to reprint for our readers some of the clear remarks of our own *Prof. Wood*. "Bronchial dilatation is not so much a disease in itself as an effect of disease. It is worthy of notice chiefly from the close resemblance of its signs, in some instances, to those of phthisis, and the consequent occasional difficulty of diagnosis." "It cannot be relieved by medicines. Attention must be directed to the diseases in which the dilatation originated, and by which it continues to be accompanied. Of these the most frequent is chronic catarrh or bronchitis." "*The chief practical point of interest, in connection with this subject, is the importance of not aban-*

doing, as incurable, cases of pectoral disease presenting most of the general characters, as well as physical signs of phthisis, unless it should have been well ascertained that they are not chronic bronchitis, with dilated tubes."

From the French, by CH. F. J. LEHLBACH, M. D., of Newark, N. J.

The Dust of Ages.—"Micrographie Atmosphérique."—Under this title the *Gazette Hebdomadaire*, April 1st, in its report of the meeting of the Académie des Sciences, mentions a paper furnished by M. Pouchet, entitled "Etude des corpuscules en suspension dans l'atmosphère." The atmosphere which surrounds us holds in suspension a mass of corpuscles, the detritus of the mineral crust of our globe, animal and vegetable particles, and the debris of all that is used for man's purposes. These diverse corpuscles are proportionably more numerous and voluminous as the atmosphere is more or less agitated by the wind, and it is to these that the term dust has been applied.

The author enumerates the various corpuscles of mineral, animal and vegetable origin with which the air is loaded. Under the latter—the vegetable products—he mentions especially particles of wheat, which are always found mixed with dust, be it recent or old, as well as those of barley, rye, potatoes, which have been discovered in rare instances.

"Astonished at the proportional abundance of flour which I have found among the atmospheric corpuscles," says M. Pouchet, "I undertook the task to examine the dust of all centuries and of all localities. I have explored the monuments of our large cities; those of the shore and those of the desert; and in midst of the immense variety of corpuscles that universally float in the air, almost always have I found the dust of grain, in greater or lesser abundance. Endowed with an extraordinary power of preservation, years seem scarcely to have altered it.

"Whatever may be the antiquity of atmospheric corpuscles, we find among them the dust of grain yet recognizable. I have discovered it in the most inaccessible retreats of our old gothic churches, mixed with their blackened dust of eight centuries; I have met it in the palaces and hypogæes of Thebes, where it dates back perhaps to the epoch of the Pharaohs. I have found it even in the interior of the tympanal cavity of the head of a mummified dog, which I have recovered from a subterranean temple of upper Egypt.

"It can be proposed as a thesis, that in all countries where wheat forms the basis of food, its debris is mixed throughout with the dust, and may be detected in it in larger or smaller quantities."

At the close of his paper, M. Pouchet enumerates, among others, the following places, the dust of which has been submitted to his critical research: The laboratory of the museum of natural history in Rouen; the tower of George of Amboise, in Rouen; the interior of the abbey of Fecamp; the ruins of Thebes; the tomb of Rameses II.; the sepulchral chamber of the great pyramid; the temple of Venus Athor á Philé; the temple of Sérapis at Ponzsoles; the head of the mummified dog aforesaid; and lastly, the cabinet of an anti-quarian Jew at Cairo!

Medical News.

Portraits of "Second and Third Rate Physicians."—The Belmont Medical Journal, (5 by 7 inches,) which claims to be "an offering of the Belmont Medical Society to the Goddess Hygeia," is also making an offering to the deity of Buncombe.

It proposes to give the photographic likenesses of some of the physicians of Belmont and the adjoining counties. The object is "to hand down for the future, reminiscences of the medical faculty of 1859." It says:—We wish to bring face to face the different members, and post up, as it were, the good and the evil of each one without distortion (*of countenance?*) or flattery, thereby exhibiting, historically, a type of time, which has in nearly every instance eluded our grasp. Who would not give a handsome sum to see the physicians of a country village in the time of Hippocrates or Galen, or all the members of the healing art in a shire of England, in the days of William the Conqueror? To do justice to history, it is not enough to see Esculapius, or Sydenham, the exalted of the profession. We wish to see also the *second and third rate physicians* cotemporary with those whom the world has honored, so that an opportunity may be presented to judge how far one mind has affected another.

In the number before us, the specimen of the "Medical Faculty of 1859," is Dr. Henry West. After describing his internals, the Journal says:—"His external appearance is very *outré*—was never dressed in his life. As uncomfortable in a new coat as a pig would be

in the kingdom of heaven." He is also recommended as having no particular relish for "three mile prayers and half mile graces," and "devoted to the curtailment of the acerbities of life."

We await anxiously the appearance of the physiognomy of the next "reminiscence of the Faculty of 1859."

Density of Population in the City of New York.—At the last meeting of the Sanitary Association the following remarkable facts were adduced:

"Three years since the whole number of buildings of all descriptions in this city was some 53,000. The city is divided into twenty-two wards. In 1856, nineteen of these wards contained a population of 535,027 inhabitants, divided into 112,833 families, averaging a little less than five souls in each family. For the accommodation of these 112,833 families residing in nineteen wards, there were 36,088 dwellings averaging about *three and one half families* occupying an entire house. There are but 12,717 of these families occupying an entire house, 7,148 of these dwellings contain two families, 4,600 contain each three families. Thus, while 24,465 of these dwellings shelter but 36,213 families, the remaining 13,623 houses have to cover 76,620 families, averaging nearly *six families to each house*, showing that about three-fourths of the whole population of New York live, averaging but a fraction less than *six families in a house*, while only about *one family in ten* occupy a whole house."

No Drunkards nor Delirium Tremens in Spain.—Extract from a letter from J. O. Putnam, now in Spain, published in the *Buffalo Advertiser*:

"A few cents every where buy a bottle of wine; its use is universal; there is never a meal without it. What is the effect of this abundance and this universal use upon the habits of the people? I can only answer that I have sought the most intelligent sources of information, and have had but one reply, and that has been confirmed by my own observation, which has not been uninquisitive, that drunkenness is not a vice of the country; that excessive drinking of intoxicating liquors is not its habit; that while there are exceptional cases, as a nation it is one of sobriety. It is not true that there is no drunkenness; but it is rare, not habitual, even in individuals, and is not felt as a public evil. Nor is it true that the wines drunk in great excess will not in-

toxicate. You will think my curiosity a little impertinent, but I have visited hospitals, both in Portugal and Spain, and inquired of their physicians if they ever had cases of delirium tremens—that scourge which, in our country, opens the gateway to death to so many gifted and noble natures—and their universal reply has been, that it was a disease unknown to the country. Private practitioners told me the same thing.”

“*The Kane Monument Association.*—The incorporation of the Kane Monument Association held a preliminary meeting at the rooms of the Geographical Society last evening. It is estimated that the cost of the monument will not exceed \$15,000. Three thousand dollars worth of stone has been presented by the President of the Albert Free Stone Company of Nova Scotia. It is designed to have a bronze statue of Dr. Kane, in citizen's dress, life size. On the sides of the base there will be busts of Henry Grinnell, George Peabody, and Sir John Franklin. The Committee on Art and Design are Thomas Hicks, Elliott, Kensett, and Palmer. The Association has nearly 500 members. The means for the monument are to be raised by a series of lectures on science and literature. The site has not yet been decided upon.—*N. Y. Times.*”

The *Boston Medical and Surgical Journal* copies the following advertisement from the *Concord Gazette* of Sept. 10, 1814:

“VACCINE MATTER.—The subscriber having been appointed by the President of the United States agent for vaccination, hereby gives notice that genuine vaccine matter will be furnished to any physician or other citizen of the United States who may apply for it. The application must be made by post, and the requisite fee, (five dollars,) in current bank paper of any of the middle States, forwarded with it. When required, such directions, etc., how to use it, will be furnished with the matter as will enable any discreet person who can read and write to secure his own family from the smallpox with the greatest certainty, and without any trouble or danger.

“All letters on this subject to and from the undersigned, and not exceeding half an ounce in weight, are carried by the United States mail free of postage, in conformity to a late act of Congress, entitled ‘An Act to encourage vaccination.’

“JAMES SMITH,
“U. S. Agent for Vaccination.

At a meeting of the Board of Managers of the Hospital of the Protestant Episcopal Church of Philadelphia, held on the 28th ult., Dr. Henry Hartschorn was elected an attending physician, to fill the vacancy caused by the resignation of Dr. J. B. Biddle, who had faithfully served the institution since its foundation. The acknowledged talents and high professional position of Dr. Hartschorn will render his election a great acquisition to the medical staff, and cannot fail to advance the rising reputation of this useful charity.

Dr. George B. Winship, of Boston, Mass., is a young man 25 years old, 5 feet 7 inches high, 143 pounds heavy, capable of raising 200 pounds with either little finger, and with his hands, 926 pounds dead-weight without the aid of straps or belts of any kind—well, this young Sampson, who, in addition to the virtues just enumerated, is a graduate of Harvard College, undertook to lecture in Modern Athens, last Monday evening, on Physical Health; when, lo! he had proceeded less than five minutes when his voice grew tremulous, his frame weak, and he fell flat upon the platform, and had to be carried out. The battle is not always to the strong.

Passed Assistant Surgeon Horwitz has been ordered to the Bureau of Medicine and Surgery as Assistant Chief of that Bureau. Surgeon Delaney and Assistant Surgeon Kindleburger have been ordered to the San Jacinto.

The last words of Humboldt.—As he was dying the sun shone brilliantly into his room and his last expression, addressed to his niece, was:—“Wie herrlich diese strahlens, sie scheinen die erde zum himmel zu rufen.” (How grand these rays; they seem to beckon earth to heaven.)

MARRIAGES.

ALLEN—PHILLIPS.—In New York, June 1st, by Rev. Dr. DeWitt, Hull Allen, M. D., of Milford, Conn. to Miss Susan Phillips, of New York.

BARTLETT—SCOTT.—At Coopertown, N. Y. June 1, by Rev. S. H. Synnot, Homer L. Bartlett, M. D., of Flatbush, L. I. to Margaret Strong, daughter of Henry Scott, Esq., of the former place.

HORNER—WASHINGTON.—On Wednesday June 1, by the Rev. M. A. De Wolf Howe, C. W. Horner, M. D., of this city, to Julia Maria, daughter of Peter G. Washington, Esq., of Washington, D. C.

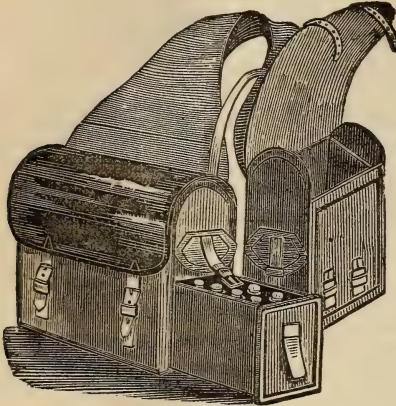
DEATHS.

JANNEY.—In this city on Wednesday, the 8th inst., Dr. Benjamin S. Janney, in the 70th year of his age.

ADVERTISEMENTS.

NATHAN STARKEY,

MANUFACTURER OF
MEDICINE CHESTS,
Medical Saddle Bags, Medical Pocket Cases, Portable
Desks, Plate Chests, Gun and Pistol Cases.
No. 116 South Eighth Street,
Between Chestnut and Walnut Streets,
PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " "	10 50
" 6 & 11 " 20 1 oz. " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
" 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " "	8 50
" 3, " 16 " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " 4 " "	19 00
No. 3, " 48 " " 4 " "	17 50
No. 4, " 37 " " 4 " "	13 50
No. 5, " 32 " " 4 " "	12 50
No. 6, " 27 " " 4 " "	10 50
No. 7, " 20 " " " "	8 50
No. 8, " 15 " " " "	6 50
No. 9, " 14 " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints,
Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.

S. W. CORNER OF CHESTNUT AND PARK STREETS,

(On the route of Chestnut Street line of West Philadelphia Omnibuses and within one square of a Passenger Railway),

PHILADELPHIA.

This institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

Attending Physician,—GEORGE J. ZIEGLER, M. D.

Consulting Physician,—PROF. SAMUEL JACKSON, M. D.

Application for admission may be made to the Attending Physician daily, (Sundays excepted,) from 11 to 12 o'clock. Applications in writing, or letters of inquiry, may be addressed to

JAS. W. WHITE, Sec'y,

Box 1738, Philadelphia P. O.

No. 107, t. f.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,
32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.

Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.

H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.

Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.

Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.

S. Littell, M. D., Surgeon Will's Hospital.

E. Hartsborne, M. D., " "

A. Hewson, M. D., " "

D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.

R. J. Lewis, M. D., " "

Isaac Hays, M. D., " "

P. B. Goddard, M. D., " "

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 139.

PHILADELPHIA, JUNE 18, 1859.

{ NEW SERIES,
VOL. II. NO. 12.

Original Communications.

ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc

No. 6.

CRANIAL REGION (continued).—The ceruminous glands, so far as observation extends, present in structure no visible difference from the sweat glands. They are seen of different sizes, and the cerumen or wax as we observe it in the ear is probably not the product of any special gland, but the mixed products of all within the cartilage, consisting in composition of fat, albumen, water, brown pigment granules, a yellow bitter principle, and salts. Most of it is acted upon by alcohol and ether, which would suggest their use in part as a solvent for the removal of ceruminous accumulations. The oleaginous part serves to moisten and protect the surface of the tube, and the peculiar odor arising from the ear wax no doubt proves defensive against the entrance of insects. The proper amount of this secretion becomes a subject of some moment in determining the normal condition of the canal.

When the glands are in a healthy degree of activity and the ear is inspected, the cartilaginous part of the tube will be seen beset with short soft hairs, covered with fleecy particles like hoar frost, of a slightly brownish hue, and of the consistence of treacle. As the

whole interior circumference presents this appearance it is termed the *ceruminous* circle. Accumulations therefore of the secretion in masses is neither natural nor conducive to the welfare of the organ; nor does an abundant formation of liquid cerumen indicate a proper exercise of function. The appearance of the wax when such is the case will be puriform; it will be found accompanied with increased vascularity of the canal, and may be produced by artificial irritation as in picking the ear. If therefore the lining membrane be in a healthy condition, its color must be a dull or greyish white; and the cerumen must not be scattered about in masses.

Accumulation of Cerumen.—This may collect in large quantities, intermixed with dirt and epithelial scales forming a dense plug which shall so close up the auditory passage as to prevent sonorous rays from reaching the drum, or by pressure on it produce inflammation and pain. Persons who travel much in public conveyances, become often affected with deafness from this cause.

Patients with such accumulations will say that in gaping, eating, or pressure on the cartilage, something will crack in the ear, and for a time their hearing is improved; this follows from a sudden displacement of particles of the wax either from the drum or some part of the tube admitting the entrance of sonorous undulations. The habit of introducing lint or cotton into the canal is bad, as it tends to produce these collections. When the sensibility of the membrane is such as to make the impression of cold air injurious it should be applied only to the concha.

The extreme delicacy of the lining of the canal will show the impropriety of pulling

forcibly away these collections, and the propriety of detaching and washing them out by a continued stream of water.

Arrest of Ceruminous Secretion.—When the glands become inactive, the interior will present on inspection a dry appearance with the epithelial scales adhering at points. The ceruminous glands often become inflamed, followed by the formation of abscesses. Operations on this canal occasionally excite sneezing by the relation which subsists between the auricular and nasal branches of the 5th pair of nerves, or coughing by the communications between the auricular part of the 5th and pneumogastric nerves. The giddiness, vertigo, and even fainting which occur from the same cause follows probably from the cerebral impressions received and communicated through all the sensitive nerves of the canal.

Abscess of the deeper part of the concha may produce paralysis of the muscles of the face, from the swelling pressing down upon the facial nerve, decayed or aching teeth, often excite pain in the ear, both being supplied from the same pair of nerves. The inflammatory discharges which occasionally take place in children during dentition, are to be explained by the same sympathetic bond.

Discharges of blood from the external ear attends fractures at the base of the brain, but the anatomy of the part as presented, exhibiting a great delicacy of vascular support, is sufficient to account for the flow of blood which succeeds other causes, as concussion, apoplexy, strangulation, or direct injury. The bleeding in these cases while it is not very profuse often continues a long time, as the subcutaneous tissue being very scanty, and the vessels so near the surface there is no chance for such retraction as will be favorable to the formation of a clot.

For the ocular exploration of the auditory canal, the observations already made in regard to direction must not be overlooked. In addition to a good sunlight the cartilage must be drawn upwards, outwards, and backwards, in order to straighten as much as possible the natural curves of the tube. In the removal of foreign bodies from the organ, instruments

should be carried along the lower wall, inasmuch as it is the longer, which taken in connection with the fact that the vertical diameter of the tube is the greatest will admit them to pass beyond the obstacle, providing such should be round in its form.

In syringing the ear, the stream should be passed along the upper wall, as it will be received upon the tympanic membrane at an angle so nearly parallel to its oblique direction, as will not only defend it against an undue impetus of the fluid, but deflect the stream back along the inferior wall. Appropriate to this subject is that of protecting the person from the liquid employed as it escapes from the external orifice. If the auricle be examined, a notch will be seen between the tragus and antitragus, and if a cup be placed firmly up under the lobe of the ear, this notch will conduct every drop into it without soiling the clothes in the least.

In the use of the aural speculum, it will be also evident that its dilating power should be exerted only on the cartilaginous part of the tube, all in advance being surrounded by bony walls, and therefore immovable. Various malformations of the meatus are occasionally met with, such as in depth, curves, diameters, etc.

Auricle. One of its most common affections is eczema, especially among children; a favorite spot for which is on the posterior part of the organ. As it appears in childhood as a consequence of dental irritation or gastric disorder, we may invoke, by way of explanation, the communication between the auricular and maxillary branches of the 5th pair, and the auricular filaments from the pneumogastric of the 8th pair of nerves. The existence of such eruptions at first, is almost always significant of constitutional disturbance, which fact should suggest constitutional treatment. An eruption very similar to the above, appears at the auriculo-mastoid angle, in infants, but is simply an excoriation due to friction, or inattention to cleanliness.

Specific ulceration of the auricle is seen as an epithelioma or accompanying constitutional syphilis. It is said never to be the seat of

furuncle. Aneurism by anastomosis is frequently situated on this part of the ear. Mr. Colles, in a case of this kind, tied the posterior auricular artery.

Alterations in form.—This may follow from the mode of wearing the hair over the auricles, practiced by many females, thus compressing and flattening them out. This accommodation to the behests of fashion exerts no small influence in preventing sonorous rays reaching the tympanic membrane, though probably they hear enough, with all these mechanical obstacles. Long neglected eruptions of the organ will alter its form by the subcutaneous deposit of lymph, sometimes obliterating the natural sinuosities of the cartilage. There are several congenital defects which we may merely mention, such as entire absence, or separation into parts; out of its functional position; absence of certain parts, etc. To the embryologist these anomalies become interesting subjects for interpretation.

Wounds.—As the blood vessels which supply the auricle are small, wounds of its substance bleed very sparingly. When it becomes necessary to stitch such, the sutures should not extend beneath the skin. Unless the silver wire be employed, when this precaution becomes a matter of no importance, as I have had opportunity to verify.

These organs suffer from frost bite, because of their exposed situation, the great delicacy of the skin, comparative absence of adipose tissue, and being at the remote bounds of the circulation. The last reason explains that diminution of temperature which warns the physician, in cases of illness, of the failing condition of the central organ of the circulation.

It was at one time asserted by naturalists that the removal of the auricle produced barrenness, and on the strength of this, legislation was invoked to crop criminals, in order to prevent their inflicting a vicious offspring on society.

Membrana Tympani.—This is a kind of diaphragm, separating the external ear from the cavity of the tympanum, or middle ear. Allusion has been already made to its position

being oblique from above downwards and inwards, (See fig. 13.) It is oval in shape, its greatest diameter being only about two-fifths of an inch in extent. It is readily seen, in a good light, if the cartilage is properly manipulated, and is quite white in color, much more so than the other parts of the auditory canal, looking somewhat like a small disc of silver coin. Its circumference is inserted into a dense fibrous ring in the tympanic sulcus of the petrous part of the temporal bone, derived from the periosteum of the bony meatus, and the tympanum, and consists of three layers; the intermediate and proper lamina being white fibrous tissue, with the fasciculi radiating from the centre to the circumference, and containing some elastic filaments partially developed; the external lamina consists of a modified skin continued from the auditory canal, and the internal of a mucous layer, continued up from the pharynx through the Eustachian tube, and surmounted by ciliated epithelia.

Viewed with an appropriate light, a line of higher color is seen to run across it, nearer the upper than the lower part; this is made by the manubrium of the malleus, and might be mistaken for some change in the structure of the organ.

Blood Vessels.—The arteries which supply the membrane of the tympanum come from the *tympanic branch* of the internal maxillary, reaching the drum through the Glasserian fissure, the main trunk of which follows the course of the manubrium of the malleus. Others come from the internal carotid, and the auricular trunk of the external carotid.

Nerves.—On the external or cutaneous surface twigs from the auriculo-temporal branches of the 5th pair reach the membrane, entering the meatus between the cartilage and the bony meatus. The chorda tympani nerve passes across the inner surface of the fibrous layer of the drum over the handle of the malleus before reaching the little aperture on the inner side of the Glasserian fissure. The remaining nerves will be described with the tympanum.

Cavity of the Tympanum.—On the inside of the drum is a small space called the *cavity of the tympanum*, or the middle ear. Com-

municating with this space (something over one-fourth of an inch in diameter) is the Eustachian tube, leading from the pharynx, and the mastoid cells, numerous small chambers, which make up the whole interior of the mastoid portion of the temporal bone. This space is spanned by a chain of four small bones, *malleus*, *incus*, *stapes*, and *orbiculare*. They form a communication across the tympanum, between the drum and the internal ear or labyrinth, the handle of the malleus being fixed on the one hand into the *membrana tympani*, and the stapes on the other into the fenestra ovalis of the cochlea. These bones are united by ligaments, and moved by appropriate muscles, which either make tense or relax the *membrana tympani*, and will conduct the vibrations of the drum across the tympanic space to the inner ear.

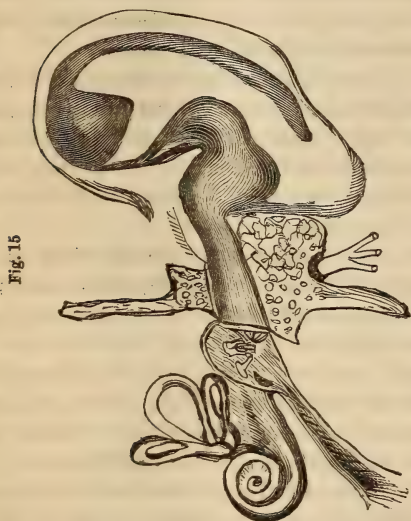


Fig. 15 exhibits the cartilage of the ear, its concha leading into the external auditory canal, at the bottom of which is the *membrana tympani*; below the canal is seen the mastoid cells; and prolonged from this part of the bone the styloid process, behind which the facial nerve emerges from the styloid mastoid foramen. Beyond the *membrana tympani* is the cavity of the tympanum leading down into the Eustachian tube, and stretching across it the chain of small bones. The dark, crescent-shaped spot opens into the mastoid cells. Beyond the tympanum the cochlea, and above it, the three semi-circular canals.

The mucous membrane of the pharynx is continued up through the Eustachian tube into the tympanum over the drum, and from thence into the mastoid cells, all of which it

lines. In these cells its vascularity is diminished, and is also destitute of follicular glands.

Blood Vessels.—These originate from the internal maxillary, (*tympanic artery*,) the posterior auricular, (*stylo-mastoid branch*,) with many communicating branches from the internal carotid, pharyngeal, descending palatine, and even *meningeal twigs* from the dura mater.

Nerves.—On the walls of the tympanum a plexus is distributed, formed by a branch from the glosso-pharyngeal, (nerve of Jacobson,) others from the greater and lesser superficial petrosal nerves, and from the carotid plexus of the sympathetic.

Practical Observations.—The drum of the ear being situated at the bottom of the auditory canal, the suffering from its affections will be indicated by a feeling of deep-seated pain. The pain within the orbit, teeth, temple, etc., accompanying its inflammations, is explained through the communications existing between the different parts of the 5th pair of nerves.

Perforation of the drum may follow a blow on the head, or by ulceration a polypus may in this way commence on the tympanic side and pass through it into the external meatus. The discharge of heavy ordnance is a common cause of its rupture. Cases from this cause were very numerous during the late Russian war. Those having charge of artillery suffer from hemorrhage, the source of which is the small blood vessels of the auditory canal ruptured by the atmospheric concussion. Previous to the storming of Sweaborg, the gunners were directed to stop their ears with cotton to prevent injury to the organ of hearing. As this membrane alone separates the tympanum from the external auditory tube, it will be readily understood how the air, when the drum is perforated, may pass from the throat out through the external meatus. Hence the test adopted by surgeons to determine the integrity of the drum, by bidding the patient to close his nose and mouth and force the air from the pharynx.

As the handle of the malleus and the chorda tympani nerve cross the *membrana tympani*, its destruction by disease will involve them in

different ways. Their connection with that membrane suggests the propriety of puncturing it, when such an operation is demanded, at the lower part, in order not to injure either. When large portions of the drum are destroyed, an artificial one may be employed. To be useful, that portion of the natural one, with the malleus attached, should remain, otherwise the principal conducting medium of vibrations is wanting.

A sore throat is often attended with obtuse hearing from the inflammation extending along the Eustachian tube and blocking it up either with secretions or vascular engorgement, thus excluding the entrance of air into the tympanum. The propriety of examining the fauces and pharynx in all cases of diminished hearing, will be obvious.

As the throat, tympanum and mastoid cells are continuous, disease may be propagated throughout the whole. Thus we have the explanation of the disastrous consequences of scarlet fever to the organ of hearing, by establishing suppuration and caries.

The auditory ossicula are connected by ligaments. These fibrous structures, like fibrous tissue elsewhere, may become the seat of rheumatic or gouty disease, producing a variety of deafness, which, when recognized, is often amenable to constitutional agents.

These bones are moved by muscles, and may therefore become paralyzed by injury to the facial nerve, which supplies them in part. A certain amount of deafness is noticed from this fact in some cases of facial paralysis.

A vascular bond exists between the tympanum and the dura mater, hence the membranes of the brain and the brain itself may become involved, by extension of disease from the ear.

Internal Ear.—This portion of the organ of hearing is not unaptly termed the *labyrinth*. It is situated in the petrous part of the temporal bone, and consists of an external and internal part, the former composed of bone, the latter membranous. Within and without the membranous labyrinth is a fluid, the *endolymph* and *perilymph*, floating in which are little bodies composed of lime, (*otolithes*.) The

labyrinth is divided into three parts: the *cochlea*, a snail-shaped structure; the *vestibule*, and three *semi-circular canals*, (see Fig. 15.) In the interior is distributed the auditory nerve upon a central spiral axis, (*lamina spiralis*.) This part of the auditory apparatus is the essential portion of the organ, all else being but mechanical arrangements for conduction. The fundamental nature of the internal ear is still more strongly established when examined by the philosophic light of comparative anatomy.

The auditory capsules of polyps are probably the simplest efforts of nature in the formation of the vestibular part of the labyrinth. As we ascend the scale, the semi-circular canals are added; a little higher, and the cochlea appears, when we have the entire labyrinth. The internal ear is supplied with blood from the *internal auditory*, a branch of the basilar, and the *stylo-mastoid* from the auricular branch of the external carotid.

Practical Observations.—Diseases involving this part of the organ are confessedly obscure, and as yet pathology has not spoken authoritatively on this subject. As it is the citadel of the auditory nerve, its diseases will be likely to be followed by nervous deafness. Sometimes this condition is congenital, and where so the subject is likewise dumb. Sometimes it is the consequence of changes accompanying age, (*senile deafness*,) etc.

The auditory nerve is not very dissimilarly situated from the spinal axis. Both are placed in canals of bone and membrane, both are surrounded by fluids, both supplied by blood vessels, in part from the same source. Proceeding on such data, we might inferentially anticipate the lesions of the organ would be inflammatory states of the surrounding walls; in other words, a meningitis, with or without effusions, apoplexy from effusions of blood, or disease of the nerve itself.

The inosculation between the branches of the internal auditory; and the stylo-mastoid arteries should not be overlooked, as leeches or counter irritants applied between the lower jaw and the mastoid process of the temporal bone would come so near the latter vessel that

the depletion from the internal ear would be direct.

It will be evident, from the previous remarks, that deafness must depend upon causes acting either upon the conducting apparatus of audition, or on the special nerve or the percipient and presiding part of the brain. The first is in a great measure accessible to the appliances of surgery; the last two must be reached through the general system. To determine in cases of deafness whether the difficulty is with the auditory or special nerve, a watch is placed between the teeth or on the side of the temple. The propriety and tolerable conclusiveness of the practice will be admitted when it is considered that though the sounds may not reach the nerve by the natural route in consequence of disease, they may, if the nerve is sound, be transmitted through the cranial walls. Appropriate to this subject of nervous deafness may be mentioned that arising from a proper condition of the general sensibility of the organ. Persons are met with who can hear best in an omnibus, or any situation where there is considerable noise. The explanation is found in the dependence of the motor nerves supplying the muscles of the ossicula for their vigorous action, upon the perfection and intensity with which the presiding centres are impressed by their sensitive connections.

In estimating the nature of dullness of hearing, personal peculiarities should not be overlooked. It must not be forgotten that it is the mind that hears, and hence, either through inattention or abstraction, sounds may not be recognized—"having ears they hear not."

Rhinoplastic Operation.

By A. G. WALTER, M. D.,

Of Pittsburgh, Pa.

James Hagan, a laborer, aged 31 years, was on the 24th of January, 1859, admitted into my hospital, the point of his nose having been bitten off during a scuffle with some of his companions. The portion bitten off was so masticated, and in the patient's opinion so unfit for replacement, that he cast it away.

Bleeding profusely from the ragged stump, he presented a deplorable appearance. The whole point as far as the ossa nasi being removed, only one-eighth of an inch of the septum, near the upper lip, remaining; on the right side half the ala was lost; on the left nearly the whole including cutis and cartilage; the remaining stump presenting torn and ragged edges. Notwithstanding the lateness of the hour when the patient sought admission, it was deemed advisable to remedy the defect at once. Assisted by Dr. McGrath, the point of the nose was rebuilt by *borrowing the skin of the dorsum of the nose* over the ossa nasi. With this view an incision of about four inches in length was made under the glabella nasi and close to it, commencing from the middle of the lower ridge of the orbit on the one side, traversing along it under the inner canthus of the eye to the bridge of the nose, and under the glabella, down to the middle of the lower ridge of the orbit of the other side. This flap was dissected off downwards in its whole extent to the stump of the nose, the remaining parts of the cartilages of the ala having been left attached to the flap, and was drawn downward over the point of the nose, its middle portion being fastened by two fine silver sutures to the very small remnant of the cutaneous septum of the nose, which had previously been smoothly pared. The ragged edges of the flap thus slid down over the point of the nose were next smoothed. By this sliding downward of the cutaneous and cartilaginous remnant of the old nose, for the formation of the point, the nostrils were greatly narrowed, but no attempt was made at that time to keep them open for fear of disturbing the union, which was so much desired between the flap and the rudiments of the septum. A large wound, oval shaped, in a horizontal direction, was thus left over the dorsum of the nose, to be filled up by granulation. Cold water dressings were applied and an opiate administered. The patient bore this painful dissection with a fortitude seldom to be witnessed.

Adhesion having taken place some days after between the septum and the newly transplanted flap, and the wound under the glabella

kindly suppurating, the nostrils were gradually widened by stuffing and tubing, gently yielding to the increased power of distension. Reaction, though moderate, was accompanied by erysipelatous inflammation at the sides of the nose, which, however, soon subsided under the use of local depletion and poulticing. The wound made by the dissection had closed in four weeks, the scar over the bridge of the nose being hardly three quarters of an inch in extent.

It was interesting to observe how under the process of cicatrization the skin of the forehead and upper lip yielded to the traction of cicatrization, the former becoming a protection to the bridge of the nose, and the latter increasing the length of the septum. Six weeks after the operation, the new nose having become shaped and consolidated, and though fully satisfying the expectation of the patient, his friends still wanted that prominence at the point, which the loss of the cartilaginous septum had rendered deficient. To effect the pointing of the new nose, another operation was performed by lengthening the septum, through a strip of skin borrowed from the upper lip. For this purpose a narrow bladed knife was passed from one side of the point of the nose between the cutaneous and cartilaginous septum, and carried horizontally along to the junction of the septum with the upper lip. A piece of skin and cellular tissue of about one-fourth of an inch in breadth, was then dissected out of the middle of the upper lip down to the prolabium, and reflected upwards. This strip being in continuation with the septum of the nose, was then raised, and its point pinned into the junction of the septum with the upper lip. The wound in the lip being closed by three Carlsbad sutures. The edges of the new septum were doubled in and held in position by gentle stuffing of the nostrils. Immediate union taking place, the improvement of the nose was such as could hardly have been expected. The point of the nose, though deprived of cartilaginous support, was thus made prominent and somewhat plump, and the nostrils had regained their proper shape and potency, without any additional trimming.

The patient being pleased with the restoration, did not regret the loss of the old nose, as he considered the new one an improvement to his appearance, the old one having been rather too lengthy. The wound over the bridge of the nose having contracted to a linear cicatrix by the sliding downward of the skin of the forehead, a casual observer would almost doubt the possibility of the extent of the original wound made by the dissection.

The success of the foregoing case is due to nature's wonderful resources. A remnant of the nasal organ being used for replacing the defect, the neighboring skin, by the elasticity of its structure, afforded the material for remedying the temporary mutilation which the operation had occasioned. Without nature's accommodating power, by allowing the skin of the forehead to stretch and glide over the bridge of the nose, the scar over the nose would have been extensive, and remained a lasting memento of its former destruction.

Observations on Death by Hanging.

By CHARLES H. PORTER, M. D.,
Professor in the Albany Medical College.

Dr. Wassenbach and myself were appointed the medical commission to attend the execution of Michael O'Brien, which took place in this city June 3d, 1859.

The criminal was an Irishman, of about 50 years of age, five feet six inches in height, of full, muscular development, of phlegmatic temperament, in good health, and weighing probably 180 pounds. The day previous to his execution his pulse was found to be 80 per minute; it was the same when examined about half an hour before he was brought to the gallows. The height to which he was elevated was about four feet. There was no appearance of suffering, and no movements excepting a few slight contractions of his muscular system, scarcely observable to those who were a few feet distant. The condition of his pulse was carefully observed. The observations commenced three minutes after the criminal was suspended, and were as follows: first half minute 28, second 24, third 13, fourth 18: afterwards per minute

they were 24, 44, 40, 28, the last half minute 6, making the time during which the pulsations were perceptible nine and a half minutes. The action of the heart was examined after suspension. A faint pulsation was manifest; it disappeared at the ninth minute. It will be noticed that the pulsations were extremely irregular, rising and falling to a considerable extent. They might be represented by three waves, the height of whose phases of elevations and depression were unequal, gradually diminishing. I am not aware that this is a usual phenomenon in cases of death by hanging. A similar irregularity was observed by the attending physicians in the case of Hendrickson, executed in this city a few years since. Immediately after the contractions mentioned, and while the body was relaxing, the pulsations were stronger and fuller. Was this not probably owing less to any effect upon the heart than to relief from compression of the arteries and veins caused by the muscular contraction? The body was suspended twenty-seven minutes. The face was but slightly contorted, and only a slight frothing about the mouth was apparent. The forehead and lips, as well as the hands and nails, appeared somewhat livid. There was a deep impression around the neck; the only trace of ecchymosis was near the os hyoides. The thyroid cartilage was compressed, and partially separated from the os hyoides. The quick and painless death was caused by the separation of the first two cervical vertebræ from the remainder of the spinal column by the rupture of the intervertebral substance and ligaments.

From the penis had exuded a small portion of liquid, and a microscopic examination revealed the presence of spermatozoa. From the small number of spermatozoa apparently present, it may be a question whether the liquid was pure semen or a mixture of it with the fluids secreted by the vesiculæ seminales and the prostate glands.

The Repertoire de Chimie says that the *Ailanthus glandulosa*, or Japan varnish tree, yields a fixed oil, which is a powerful vermifuge.

Illustrations of Hospital Practice.

HOWARD HOSPITAL,

(LATE WESTERN CLINICAL INFIRMARY.)

Service of Dr. Turnbull.

Reported by A. A. CARRUTH, M. D.,
Resident Physician.

Opacities of the Cornea.—We present the following clinical observations on opacities of the cornea, by Dr. Turnbull, illustrated by acute cases and cases taken from the record book of the hospital.

Of the numerous cases of diseases of the eye which are seen in our hospitals and out-door clinics, there are none so apt to produce blindness as diseases of the cornea, for although it is only supplied by looped vessels from the conjunctiva, it is very liable to inflammation in feeble, scrofulous children; also, to become involved in fatty degeneration, true ulceration, or a dense form of opacity. The transparency of the cornea is liable to be altered by heat, deposits of foreign matter between each layer, or a thickening of the limpid fluid which exists between the fibrous tissue of its structure. Foreign bodies, such as cinders, particles of coal or heated metal, become firmly entangled in it and are rarely removed without injury. The cornea is apt to take on the following morbid changes: 1st. Inflammation of its structure leading to deposit of fibrine or pus, to fatty degeneration and ulceration; 2d. To destruction from chemical agents, as nitric acid, nitrate of silver, lime, etc.; 3d. To a partial or complete loss of transparency or opacity, called, in accordance with its degree, nebula albugo, or leucoma. The most prominent symptoms of scrofulous inflammation of the cornea are mistiness or dullness of vision, with pain of an intermittent character, intolerance of light, and profuse lachrymation. There is a hazy condition of the cornea, with or without blood vessels running to it, or much increased vascularity. The following cases will illustrate these various forms:

Case 1st.—Thomas Agnew, æt. 8 years, applied at the Howard Hospital, April 14th, 1859, suffering with dimness of vision since an attack of measles. He suffers with intolerance of light, pain of an intermittent character over the brow, with considerable conjunctivitis, with a mixture of straight vessels running towards the cornea. In three or four places of the cornea there was a whitish opaque deposit, showing a strong tendency to advance over its surface. Pulse feeble, skin cool, strong pulsation of the jugulars (with bronchitis) appetite poor, tongue furred. The following powder was directed:

R.	Hydrag. chlor. mit.	
	Pulv. rhei.	
	Pulv. zingiber, ā ā gr. iv.	M.
	et. in chart, No. ij, div.	

One to be taken at bed time, followed by syr. rhei. aromat., after which the following tonic was to be employed :

R. Quinæ sulphat., gr. viij.
Aque, fʒij.
Acid sulph. arom. q. s. M.

S. A teaspoonful ter die. Tepid water as a wash to the eye, syr. ipecac. for the cough, and foot bath at bed time; also dropped into the eye a four grain solution of nitrate of silver, to relieve the catarrhal conjunctivitis.

May 17th.—Not much improved; the other eye attacked. Cod liver oil, a teaspoonful three times a day, was directed.

May 21st.—Ulcer on the inner or nasal side disappeared; the one on the outer side much diminished; inflammation of the cornea almost disappeared; cervical glands soft; altogether much improved.

May 25th.—Still improving; was discharged well.

Case 2d.—Sarah Montgomery, assistant nurse, with dark hair and eyes; third attack of scrofulous inflammation of the cornea. There existed in this case a cloudiness of one half of the cornea, with some fine blood vessels from the injected conjunctiva; also some straight vessels from the sclerotic coat. She was unable to open her eye, profuse lachrymation, nausea and vomiting, with no appetite, pulse rapid and feeble. The former attack had left a small patch of white deposit on the cornea, like a membrane, and the inflammation was entirely around this deposit. She was directed—

R. Hydrarg. chlor. mit., gr. x.
Pulv. rhei, gr. xx.
Pulv. zingiber, gr. v. M.
Et in chart., No. iv, divid.

S. Give one powder at bed time. Also, the following wash:

R. Extr. belladon., ʒss.
Aque, fʒiv. M.

S. A teaspoonful in a teacupful of tepid water, to wash the eye three times a day.

A foot bath at night, to relieve the irritation of the supra-orbital nerve, causing photophobia.

May 21st.—Able to open the eye freely; but slight injection of the conjunctiva; a few vessels over the cornea. Continue treatment, with the addition of an ointment of lard, washed with rose water, to be applied to the tarsal margins at night.

May 25th.—Not so well; more inflammation; teeth slightly coated with white deposit, the mercurial has been pushed too far. Directed the mercurial to be omitted, and substitute for it pulv. creta preparata. Also directed zinci acetat. gr. ij. to fʒj. of water, to be dropped into the eye twice a day.

May 29th.—Opacity disappearing, congestion less, no pain, no photophobia; the thin membraniform opacity is all that remains.

Case 3d.—Ellen McLaughlin, æt. 8 years and 6 months. Second attack of inflammation of the cornea, with ophthalmia tarsi and abscess of the cervical glands; unable to open either eye, and the hand kept constantly over it. The heat and profuse lachrymation, has produced a vascular eruption upon the cheek. Several spots are over the cornea, with a strong tendency to fatty degeneration. The conjunctival redness is intense; also that of the sclerotica. She looks strong and large for her age, but her muscles are soft and flabby. A large abscess in the neck was opened, and the following powder directed:

R. Hydrag. c. cretæ, gr. x.
Quinæ sulphat. gr. xv.
Pulv. aromat., ʒj. M.
et in chart. No. iv, divid.

S. One powder every four hours.

Also, ol. morrhue fʒij. S. A teaspoonful ter die. Also to bathe the eyes with infusion of chamomile, with a small portion of alum, to be applied warm.

May 10th.—Able to open her eyes; not much increase in injection of the conjunctiva. Directed tinct. iodine over the abscess and enlarged glands; also above the brow and eyelids; also

R. Potass. iodid.
Quinæ sulph. ʒā gr. iv.
Syr. prun. Virg. fʒiiss.

May 14th. There is to-day some slight improvement; the sclerotic inflammation diminishing.

May 17th. Finding the nitrate of silver not to agree with the eyes, being too stimulating, zinci acetat. gr. ij, aq. fʒj, was substituted; local application of tincture of iodine to the brow, continued.

May 25th. The eruption on the face disappearing, pulse still feeble; directed quin. sulph. gr. i., ter die.

May 28th. Still improving; continue same treatment. The cervical glands having evacuated their contents, a solution of gutta percha in chloroform was directed to be applied over the surface.

June 1st.—Face entirely well; eyes improving; a second abscess in the neck was opened; advised change of air, and continue medicine as before.

In these very troublesome cases, change of air will often be found very beneficial.

June 4th.—Patient still improving; a 4-gr. solution of nitrate of silver was applied, and continue medicine and wash as before.

June 8th.—Patient still improving; cervical

glands diminished in size; the bowels being costive, the following stimulating purgative was directed:

R. Tinct. aloes comp.

Syr. rhei aromat. $\bar{a}\bar{a}$ f $\bar{z}$ ij,

A teaspoonful at bed time.

Also,

R. Quinix sulph. gr. xxxij,

Ferri et potass. tart. gr. xvj.

Syr. simplicis, f $\bar{z}$ i,

Aquæ, f $\bar{z}$ ijj.

S. A teaspoonful every three hours.

Continue the drops as before. Basilicon ointment to the abscess.

Case 4.—Oct. 2, 1858.—Susan Scanlin, aged 7 years. Ulceration of the cornea of the left eye, with almost entire loss of vision, of 3 years duration. Right eye affected one month; effusion of pus into the anterior chamber, with opacity; epiphora; no appetite; bowels regular; tongue furred. The following was directed:

R. Hyd. c. cretæ,

Pulv. rhei, $\bar{a}\bar{a}$ gr. v.

Pulv. zingib. gr. ij M.

S. Take at night. To be followed by castor oil the following morning. No local application.

Oct. 5th.—Tongue clean; bowels having been well moved, she was directed the following tonic:

R. Quinix sulph. gr. xv.

Syr. simpl. f $\bar{z}$ iv.

Acid sulph. aromat. q s. M.

S. Teaspoonful ter die. Also the following local application:

R. Zinci sulph. gr. ij.

Vin. opii gtt. xx.

Aquæ, f $\bar{z}$ ij. M.

S. To be dropped into the eye 3 times daily.

Oct. 8th.—Improving some; opacity less; counter irritation to the left temple, with cantharidal collodion. Also, ung. hyd. precip. rub. gr. i. to lard $\bar{z}$ i. to the eye, with ung. zinci. carb. imp. to the nose, the schneiderian membrane being inflamed and irritated.

This treatment was continued with but slight modifications, until the 27th. The effusion of pus was removed and the ulcer cicatrized, having but a slight opacity, and the epiphora entirely disappeared. She was discharged on the 27th, but still directed to employ the local stimulant until the opacity disappeared.

Case 5.—Hannah Kennedy, aged 10 years, admitted Oct. 10th, has suffered for three weeks from effusion of lymph into the cornea, with congestion of the vessels of the conjunctiva and granular lids; pulse feeble, skin cool, appetite defective, bowels torpid, with languid circulation generally; tongue pale.

She was directed a simple laxative of syr. rhei. aromat. and of castor oil a teaspoonful occasionally. Also,

R. Quinix sulph. gr. ss. 3 times a day, with ferri tart. gr. j in powder, after the bowels have been moved. Also, the following ointment was directed to be applied to the lids at bed time, after being cleansed:

R. Hyd. precip. rub. gr. i.

Axungix, $\bar{z}$ i.

M. ft. unguentum.

Oct. 17th.—Much improved in general health. Directed as a local stimulant:

R. Zinci acetat, gr. i.

Aquæ, f $\bar{z}$ i.

Vin. opii, gtt. x. M.

S. To be dropped into the eye after being cleansed, night and morning. This case did not return to report the result.

Case 6.—Catharine Shay, aged 11 years, admitted October 10th, has suffered with disease of the eyes for two years. Has pain in her limbs; very costive; blue eyes; swollen lips; tongue white and furred; opacity of the cornea, the result of catarrhal ophthalmia. She was directed:

R. Hyd. cum cretæ, gr. v.

Pulv. aromat., gr. x. M.

et in ch. No. v., divid.

S. Take one three times a day.

Oct. 18th. Tongue clean; bowels more regular. Directed Ol. morrhux, a teaspoonful three times daily. Also, the last preceding wash, (see Case 5,) to be applied warm, with an equal quantity of water, 3 times daily, with impure carbonate of zinc ointment to the nose, on account of the discharge from it.

Oct. 17th. Discharged; much improved.

Case 7.—Oct. 31st. Harriet Vaughan, aged 20 years, has suffered for 12 years with opacity of the cornea, the result of granular lids and trichosis; has been operated upon four or five times by the removal of the cilia, etc., in Dublin, and also in this city once. Vessels traversing the surface of the cornea; great distress and pain. Directed

R. Ol. ricini, f $\bar{z}$ vij.

Ol. terebinth, f $\bar{z}$ i.

Vini opii, gtt. xx. M.

S. Tablespoonful at night.

This case continued under treatment for some months without much benefit, various agents having been tried. She would improve for a few weeks and then relapse. This I have found to be the case with all those cases in which the cornea was covered with blood vessels, forming vascular cornea.

Case 8.—March 4th. George E. Clark, aged 25 years, suffering from dimness of vision, with a zone of pinkish vessels around the cornea, and opacity, results of cold. The iris very much contracted and of a greenish color. Directed sol. of atropia, but found that the iris did not act, therefore concluded he had iritis with the opacity. Directed the following:

R. Hyd. chlor. mit., $\mathfrak{z}\text{i}$.
Pulv. opii, gr. v. M.

et in ch. No. xx. divid.

Sig. One powder every hour.

Also, to be leeches around the brow, to relieve pain; soft ext. belladonna applied around the brow at night; nothing but warm fomentations to the eye, and foot bath at night.

March 7th. Mouth affected; iris not so sluggish; pain diminished in the brow. Continued treatment.

March 10th. Much improved; iritis almost disappeared. Directed vini opii to be dropped into the eye; with good diet, and pulv. ipecac. et opii, gr. x, at bed time.

March 17th. Opacity disappearing slowly. Added zinci acetat gr. i, to aqua $\mathfrak{z}\text{i}$, to increase the stimulation. Discharged, with directions to continue treatment.

Case 9.—*Lead Solder in the Eye.*—Oct. 28th. John Helfurn, aged 21 years, a plumber by trade, while soldering a wet pipe, Oct. 25th, a piece of the fused metal (compound of lead and zinc) was thrown into the eye. Portions of it were still adhering to the cornea and eye lid, which were carefully removed. There was much congestion of the eye, while the lids were much burned on their under surface. Directed a piece of lint spread with simple cerate, also, the following wash:

R. Zinci sulph., gr. i.
Aqua rosæ, $\mathfrak{f}\mathfrak{z}\text{i}$. M.

Sig. To be applied cold to the eye, with the use of two compound cathartic pills at bed time.

Oct. 31st. Much improved; lids granulating; applied probe to prevent adhesion, and 4-grain sol. of Argenti nitrat. dropped into the eye.

Nov. 2d. Discharged, well, with no injury to the eye; the tears in the eye having had the power of cooling the metal when it struck the cornea, it therefore escaped injury, while the lids were severely burned.

Case 10.—Martha Morrison, aged 25 years, admitted March 11th, suffering from deep seated and very dense opacity of the cornea, the result of lime received into the eye five years before. It is well known that pure lime, when received into the eye

turns the cornea of a dead white color, and at the same time decomposes the texture, reducing it to powder, so that it can be brushed off with a camel's hair brush. As the destruction was so great as to reach the elastic tissue of the cornea, there was also adherent iris. Nothing was done but to relieve the irritation which had been set up and continued in the conjunctiva. If this case had been treated by the use of pure water, to wash the particles of lime away, and then a solution of sugar applied freely, the injury might have been more superficial, and the transparency of the cornea partially restored.

In a case mentioned by Mr. Wardrop, two-thirds of the cornea was rendered so obscure by the application of lime as to entirely destroy sight. At the end of five months the whole of the slough had separated except some small ragged portions towards the centre of the cornea. There was a slight degree of obscurity, apparently seated deep in the cornea, but the patient's sight was so much recovered, that with this eye he could distinguish large objects.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION.

FRIDAY EVENING, JANUARY 28TH, 1859.

Dr. Curtis, (President,) in the Chair.

Subject for discussion: UTERINE DISPLACEMENTS.

DR. HARLOW opened the discussion by the following remarks:—Uterine pathology is in an unsettled state, as the works of the leading authors of Great Britain, on diseases of women, fully testify. Dr. Simpson, for example, lays great stress on displacements of the uterus, regarding them as the cause, in many instances, of the engorgements, hypertrophy, and induration with which that organ is so often affected. Dr. Bennet, on the other hand, attaches but little importance to displacements, as a primary difficulty, but looks upon them, in almost every case, as the result of inflammatory action; and the consequence, rather than the cause of organic changes—such as ulceration, enlargements, and increased weight of the womb. Dr. Robert Lee entirely ignores the existence of inflammatory ulceration of the neck of the uterus, except that of a specific character, such as scrofula or cancer, and ridicules the views of Dr. Bennet as visionary and unsound. Dr. Chas. West, strange to say, while he admits the great frequency of inflammation and ulceration of the cervix uteri, denies *in toto* its pathological importance. In his estimation, it is altogether a trifling matter. Dr. Tyler Smith considers *leucorrhæa* as the great malady of the uterus.

With him, functional disturbance of the glandular structure of the cervical canal of the womb is everything; the morbid secretions producing irritation and actual disease.

However conflicting these views may seem, the same discordant theories, and, of necessity, discordant practices prevail among us. Each has his favorite theory.

Dr. Harlow thought a middle course was safest and best. We should avoid extremes if we would arrive at the truth. Doubtless, it is sometimes displacement, and sometimes inflammation, which takes precedence.

Displacements of the uterus are expressed by the terms:—Prolapsus, which means a mere *descent* of the uterus from its natural position; Procidentia, where it projects externally; and Retroversion, Anteversion, and Lateroversion, where the fundus turns backward, forward, or to one side. Now, it must not be forgotten that the uterus, in its physiological condition, is a very movable organ, and does not necessarily occupy a fixed place in the pelvis. It may be elevated, depressed, or turned in various directions, without causing any unpleasant sensations and it is often found presenting itself to the external view, and yet there may be no symptoms by which the patient's attention would be called to it, except its *outward presence*. Hence, many physicians are disposed to consider displacements as of small moment. Such views are entirely too circumscribed. Granting that the womb may occasionally be changed from its natural position without any serious consequences, yet observation and experience prove that, as a general rule, displacements to any extent are attended with great suffering and derangement of health. Leaving out of the question such displacements as may not attract the attention of the patient, and consequently not require the care of the practitioner, the subject may be divided into four parts or classes.

1st. Positive displacements *without* organic disease of the womb.

2d. Positive displacements, with organic disease.

3d. *Simulative* displacements, without organic disease; and

4th. *Simulative* displacements, with organic disease.

The last two divisions may seem arbitrary and paradoxical. They are made for the sake of convenience, to avoid repetition and circumlocution.

The first two divisions come strictly under our notice in this discussion, but it may seem strange to classify any uterine difficulty, either real or apparent, under the head of displacements, where none exists. Dr. H. would be careful to use the word *simulative*, for although affections of the uterus may closely resemble each other in their *outward symp-*

oms, they are totally different in their nature, and require very dissimilar treatment. This is a point which has been too much overlooked in practice. We have been too ready to resort to the pessary whenever we have the prominent rational signs of displacement, such as trouble in standing or walking, general weakness, sensations of bearing down, pain in the back, frequent inclination to or difficulty in micturition, sympathetic irritation of the stomach and bowels, neuralgic pains in different parts of the body, etc. It is true these rational symptoms, as they are called, differ very much in different women. We have an illustration of this in pregnancy; one person may be affected with vomiting, another with great irritation of the bladder and rectum, while a third may not suffer in any way whatever.

In making out our diagnosis of uterine affections, we cannot therefore depend upon *rational* signs alone, but must resort to physical means. These are: first, touching with the finger; second, the uterine sound; and third, the speculum.

The first is the most common, and we are enabled by it easily to recognize any change in position, and to judge of any alteration in form or density. The second assists us much in cases of anteversions and other deviations, especially where there is flexion or bending of the uterus upon itself. It enables us, also, to measure the depth of the uterine cavity, thus showing whether the organ still retains its normal size and shape. The womb sound may in this respect be regarded as an elongated finger.

The use of the speculum should never be neglected when there is obscurity, and the symptoms are urgent. It brings the uterus at once into view, and is emphatically *the* method of deciding as to the presence of ulceration, or other organic changes.

Having made out a satisfactory diagnosis, and arranged the case under its appropriate head, a consistent and intelligent course of treatment is more likely to be adopted.

The *treatment* is general and special. The *object* should be to build up the general health, by proper hygienic management, as suitable clothing, pure air, gentle exercise, wholesome food, regulation of the bowels, daily ablution, and friction over the whole surface, and tonics if necessary. The amount of exercise will depend upon circumstances. A patient without organic disease should not be confined to her bed, as some recommend. Where inflammation or ulceration exists, the case is different; comparative rest would then be required. The special treatment would be, large injections of cold water into the vagina; the syringe should be large, holding at least 12 ounces, with a bent tube, perforated at the end with a number of openings. It should be used twice a day, and acts as a *douche*, giving tone to the parts, causing the relaxed walls of the

vagina to become firm and strong, relieves congestion and even ulceration of the os, and promotes the cleanliness and comfort of the patient. Astringents may be employed, though as a rule, Dr. H. prefers the simple cold water, in large quantities.

In simple displacement, without organic disease, a pessary may be employed as a mechanical support. We treat it on the principle of a fracture, which it much resembles, restoring the uterus to its place, and keeping it there until the parts around acquire tone and strength. We have many different forms of pessaries; the ring, the horse-shoe, the disc, the globe, etc. The ring is most easy of introduction and removal, and on that account is often employed. Dr. H. prefers the globe pessary; when once introduced it presents a large even surface, and the pressure is equal in every direction; it also can be borne where others would produce irritation. It can readily be removed by passing one finger into the rectum and another into the vagina. When pessaries cause pain and soreness, which they often do, they should at once be removed. The probability is that inflammation or ulceration may be present, and will be greatly aggravated by the pressure of a pessary.

The speculum will here be called for, and the appropriate local applications, such as the solid nitrate of silver will be required. The curing of the local disease will often cure the displacement. When there is no displacement, we first treat the organic disease, if any be present, and that will remove all unpleasant symptoms; and where no organic difficulty exists, nor any displacement, as often happens with *hysterical* females, we may adopt general constitutional treatment, and recommend an abdominal supporter, though in real displacements such an article would be useless.

When *prolapsed* exists, we often have great difficulty in retaining the uterus by pessaries. They are either forced out by the womb, or cannot be borne by the patient. Dr. H. in such cases restores the uterus to its normal position, keeps the patient in a horizontal posture, and applies to the walls of the vagina, by means of a speculum with a lateral opening, a strong caustic, as *potassa cum calce*. The parts thus treated slough off in a couple of weeks, contraction takes place with a soft cicatrix, and thus the organ is retained. Of course, he would only employ this method after the patient had ceased to bear children.

But when we have flexion or bending of the uterus, it requires a different treatment. This is the most difficult of all forms of malformation. We must first try to overcome the organic disease, which we often have; there is also, as a rule, violent dysmenorrhœa, caused by the constriction of the canal at the point of flexion. By means of sounds and

sponge tents, we may overcome the stricture, and relieve the dysmenorrhœa, though the flexion may not be perfectly removed.

Dr. Simpson, of Edinburgh, recommends in these cases the use of the intra-uterine, or stem pessary. Dr. H. has tried this in a number of cases, but has not been satisfied with the results. In most instances, it produces so much irritation and suffering that it cannot be tolerated, yet in some cases this mode of treatment is eminently successful.

Dr. WITTRIG employs the *argenti nitratis* in affections of the vagina and os uteri, and also to produce the constriction of the vagina, as mentioned by the last speaker. He occasionally introduces a sponge loaded with some astringent solution, as alum, or wine and water, or a rag saturated with Peruvian bark and wine, which causes the parietes of the vagina to contract. He gets rid of inflammation by injections of cold water, or sometimes, when he can not employ this, by warm lead water. If much irritation exists, he uses an infusion of *hyoscyamus* or *cicuta*.

Dr. MAYBERRY observed that the first great consideration in the successful treatment of uterine, as in other diseases, was the establishing of a *true* and clear diagnosis, and for this purpose he thought every known means of arriving at a correct conclusion ought to be brought into requisition. The next important point was in the management of the class of cases under review, the correcting of the displacement and retaining it, when corrected, in its natural position. To effect all this, which was not always easily accomplished, he pursued very much such a course of treatment as was so eloquently sketched by Dr. Harlow. He always endeavored to ascertain, if possible, whether there was any actual disease complicating the displacement. This knowledge he regards as highly essential to the proper and judicious management of each case. Chronic inflammation of the cervix, enlargement thereof, or of a part or the whole uterus, and even ulceration to a greater or less extent, especially of the os uteri, often co-exist with the several forms of displacement, as usually described in systematic treatises on the subject. Hence he adapted his treatment accordingly, and almost invariably directed his attention primarily to the complication. From whatever cause ulceration may arise, he generally expected to relieve it by means of the *argenti nitratis*, and was usually successful. This he employed by what has been appropriately termed the "*antiphlogistic touch*," not so as to produce a destruction of the tissue, but in such a manner as to change the character of the diseased surface. He preferred the solid stick, though occasionally he used a strong solution.

In mere *prolapsed*, the simplest variety of prolapsus, he was accustomed to keep his patients in a

horizontal posture as much as the varying circumstances of each particular case will admit, and used cold water and the different astringent injections.

Of complete *prolapsus* he had not seen many instances. He had, however, recently two such cases under treatment, which he was happily successful in relieving entirely. Both were cases of long standing. One was rather remarkable, and therefore he would take the liberty of speaking of it somewhat in detail. There was complete prolapsus of the womb and of the vagina, forming a large tumor between the patient's thighs. A portion of the mucous membrane lining the vagina had already undergone a partial change, partaking more of the character of dermoid than mucous tissue. Both lips of the os, and a considerable portion of the uterus itself, were ulcerated, and the finger could easily be passed into its cavity. He did not know what had been the real cause of this state of things, as he could not get a satisfactory account of the previous history of the case. But he strongly suspected that some undue violence had been committed by instruments, or otherwise in a previous operation of some kind or other. He applied to the ulcerated parts the nitrate of silver rather freely, following it by a succession of anodyne poultices, and injections into the cavity of the womb of a diluted solution of subacetate of lead, and subsequently black wash, &c. He would have preferred, at one period in the progress of the treatment of this case, a free application of aromatic wine, but failed in procuring it at the time, it not being an official preparation. He had, however, no suspicion of any specific origin of the ulceration. After the swelling, infiltration of lymph, etc., consequent upon its abnormal position had measurably been removed, and the ulceration was healing kindly, the organ was replaced, and a large glass disk pessary successfully employed to retain it.

He had met with more *retroversions*, of various degrees of severity than any other form of displacement. In such cases, the pessary had not only been highly useful in his hands, but seemed absolutely required. He thought the difficulty in these cases was frequently aggravated by abdominal supporters. At any rate, he never could understand how they could possibly do any good. Of all the forms of pessaries, he decidedly preferred the horse-shoe; of materials, the gilt. He had met with instances where it was merely necessary to correct the retroversion. Such is often the case where the displacement occurs suddenly from great muscular exertion. In these *acute* cases, if the term is allowable, the uterus is usually easily replaced, and sometimes will retain its natural position without any artificial support whatever.

DR. DEMME had seen at a lying-in charity, with which he was formerly connected, much uterine disease.

Many cases presenting a granular appearance, quickly subsided under an astringent wash or the use of cold water injections. He considered carbonic acid gas of great value in hystericalgia, etc. Every case of dysmenorrhœa, in which it had been employed, yielded speedily.

It acts only on the mucous membrane, or the cuticle, after we get below this, its power ceases.

DR. CHAS. P. TURNER thought physicians were too much in the habit of making free applications of caustic to the os uteri. There was, in his opinion, too great a tendency to make a speculum examination, and then, on finding a slight irritation, to apply nitrate of silver, or some similar remedy. It was doubtless of great benefit in many cases, yet was by no means indicated in every instance. He had been led to make these remarks by the recollection of a case, in which there was no flow at the regular period, the patient being attacked with great fullness of the brain, and all the appearances of vicarious congestion of that organ. This would pass off in three or four days, sometimes under the action of a purgative, but usually requiring venesection. She had been treated by another physician for some time before, with caustic, for ulceration of the os, and was thought to be cured of it. On making an examination with the speculum, Dr. T. found a number of hard fibrous bands stretched transversely across the vagina, completely occluding the os. Even a small womb-sound could not be passed through, and it was found equally impossible to pass the very smallest cat-gut bougies. He then had an instrument made with a very small blade, *caché*, sliding upon a grooved staff; this, he pressed against the bands, and protruding the knife, divided them; after which he was enabled to pass in a bougie, which of course was introduced at frequent intervals for several weeks, in order to prevent a return of the adhesions. At the next monthly period she experienced no trouble, and the catamenia have since been perfectly normal. He thought it not advisable to pass the caustic far up the cervix uteri, as is so frequently practiced.

He agreed with one of the speakers, and like him did not favor the use of pessaries, although he had used them. In cases of leucorrhœa, or weakness causing prolapsus, he gave:—

R. Zinci sulphat. ʒj.

Alum. et potas. sulph. ʒij.

Using a heaped teaspoonful of this to a half tumbler of water as an injection, night and morning, and nine out of ten were entirely relieved. He had very little confidence in abdominal supporters. In one case where there was excessive abdominal weakness, causing the womb to settle down to a

great extent, his patient was directed by another physician to employ a supporter, which proved very beneficial. Following this idea, in a similar case, Dr. T. recommended one, and no good resulted.

DR. J. R. BRYAN agreed with the other speakers concerning the difficulty of judging from the symptoms, as to whether any displacement existed. In the treatment, it is almost impossible to decide what is best to be done. With pessaries he was never satisfied, and seldom used them. In cases where we have a flat abdomen, abdominal supporters fail entirely; but where, on the contrary, the woman has a full abdomen, the supporter is more likely to be serviceable. We are generally for a long time compelled to grope in the dark, in consequence of the delicacy of the case, as very few patients like to submit to an examination. He regretted that no pathognomonic symptom existed, by which we might early detect the uterine lesion, and thus be warranted in urging a direct examination at an earlier period of our professional attendance than is now permitted by our sense of propriety.

Retroversion he had seen only in very early pregnancy, and in such instances, by placing the patient on her knees, with the shoulders well down, he never failed to restore the organ to its normal position. Astringent injections he did not regard as being always innocent or safe, as we may have the fluid going up into the womb, and thus produce inflammatory symptoms. He had seen such cases, and in one instance it occurred three times. He was much pleased that Dr. Atlee's plan of passing in a stream of cold water met with so much approval.

DR. A. C. BOURNONVILLE wished that the members had specified more definitely the manner in which they employed the nitrate of silver. He employed it when leucorrhoeal discharges were present, in the following manner:—

R. Argenti nitratis, gr. j.

Aq. destill. f ʒj.

ft. solut.

He had seen one case where induration occurred after its use, which required months to remove. Concerning the speculum he would prefer that known as Recamier's. It was easy of application, and not, like those with valves, apt to catch the tissues. Its reflecting surfaces also improves the facility of examination. In its application, he placed the patient on her side. Metallic pessaries he never employed, but preferred those made of india rubber, as being more easily introduced and removed, as well as less liable to produce irritation or injury.

DR. MAYBURY believed that ulceration of the os-uteri was not of so frequent occurrence as some

represent. Still, he felt satisfied that it occasionally exists, and it may involve the cervix, and even the body of the uterus, as in the patient before referred to. The symptoms, however, are frequently very deceptive, and cannot alone be relied on for forming a correct opinion.

In making a speculum examination, he, as a general rule, had the patient lying on her *left side*, transversely across the bed, with her hips somewhat elevated and near the edge of the couch, with her limbs well flexed on the abdomen. He mostly used the quadri-valve speculum of Madam Boivin, and liked it better than any other. He remarked, upon the *too great modesty*, which influences medical men so often, and prevents them from knowing what is the real source of difficulty. Without a full investigation, patients may be subjected to a long course of treatment without deriving the slightest relief, and their general health may even become much jeopardized. Whereas, when a proper examination is instituted, success in many instances will be immediate.

DR. CURTIS in the early years of his practice, had used pessaries much more frequently than had been his custom lately. He believed that much might be done by position and injections, to relieve these displacements. He thought many cases were treated as prolapsus, which were inflammation of the uterus, and would be much more properly treated by leeches, and similar applications. When abdominal supporters act properly they are often of great value, but he was under the impression that they more commonly acted as *compressors*, and thus tended to increase the very difficulty which they were intended to relieve.

Adjourned.

Excision of the Knee Joint.—In an article on this subject in the *Medical Times and Gazette*, P. C. Price, Esq., says: "The operation so far as I have been able to ascertain has been adopted for the treatment of the diseased conditions of the knee joint, deformity, and accident, on 160 occasions in Great Britain, during the past eight years, dating from its first performance by Mr. Ferguson, on the 20th of July, 1850, to the end of December, 1858. Of the total number of cases 32 proved fatal, or one case in every five. By far the larger proportion of these operations were required for disease; for out of the entire number there were but six or seven for deformity, and only one for accident."

Reviews and Book Notices.

A Treatise on Baths, including Cold, Sea, Warm, Hot, Vapor, Gas, and Mud Baths; also, on Hydro-pathy and Pulmonary Inhalation, with a description of Bathing in Ancient and Modern Times. By John Bell, M. D., Fellow of the College of Physicians of Philadelphia, etc., etc. Second edition. pp. 658. Philadelphia: Lindsay & Blakiston, 1859.

We are glad to see a new edition of this learned philosophical and useful work. The important subject of bathing, and its influence as a therapeutical agent, is one which has been much neglected by the medical profession. One reason of this neglect may probably be found in the fact that there are so few conveniences for the application of the various forms of baths. The public authorities of modern might well take lessons from those of ancient times on this subject. But unfortunately the care of the physical development and well being of man has given place to money making, and the most approved methods of plundering the public treasury! The medical profession should make themselves familiar with the contents of this book, and encourage its perusal by the public.

Importance of the Study of Legal Medicine. A Lecture Introductory to the course on Medical Jurisprudence, at the N. Y. Medical College. By Jas. Wynne, M. D.

In this instructive address the learned lecturer has forcibly illustrated the importance of the subject. We agree with him that it is to be hoped that the day is not far distant when the United States, profiting by the example of Europe, will so amend their codes of criminal jurisprudence, as to place these important preliminary investigations in the hands of competent and able officials, whose high character will be a guarantee for the faithful performance of their responsible duties.

Medical Journals.

The Maine Medical and Surgical Reporter has been discontinued. Since our REPORTER has been in existence, several journals have "tried its name on," but have died from the effects, which a friend at our elbow says is strongly suggestive of the fable of the frogs and the ox!

The *Medical Chronicle*, of Montreal, has succumbed to adverse influences and suspended. This is the fourth or fifth failure of attempts to sustain a medical journal in Canada, during our editorial career.

The June number—the first of the *fifteenth* volume of that sterling periodical, the *Buffalo Medical Journal*—comes to us with the title "*New York Monthly Review of Medical and Surgical Science, and Buffalo Medical Journal*." This change is made in consequence of the removal of its editor, Dr. Austin Flint, Jr., to New York. The work is to be published simultaneously in New York and Buffalo, and made the vehicle of medical society and hospital reports, thus giving it a more practical cast. The editor hopes to retain his Western New York influence, and at the same time evoke a new interest in New York city. We trust that his hopes will be realized, but anticipate the final entire removal of the work to New York. It *may* turn out that this Buffalo has gone to New York a wooing, and that ere long we will be called on to chronicle its union with one of the already existing New York journals.

The *Medical and Literary Weekly* is the title of a new candidate for professional (and outside) support, published by Drs. Thomas & Talliaferro, in Atlanta, Ga., at \$2 per annum. It is a spirited, well arranged and well conducted quarto sheet, yet we predict for it a short existence, or a speedy change to a distinctive medical or literary character. We perceive that there are certain amenities of editorial life, such as the uniform acknowledgment of sources of information, which our friends have not yet fully learned the importance of observing. Nothing is ever lost, while much is gained by being particular in this respect.

The Druggist's Review and Chemical Times, published bi-weekly, in this city, by Mr. Ivan C. Michels, and *The Druggist*, published monthly, in Cincinnati, and edited by Dr. Henry E. Foote, are devoted to the interests of the drug trade, and appear to advantage.

The publication of the *Louisville Medical Gazette* has been suspended, in consequence of the protracted illness of its editor, Dr. L. J. Frazee.

* * We have also received from the publishers new editions of the following works, which will be noticed more at length in due season:

Woman and her Diseases, by C. D. Meigs, M. D.

Elements of Medicine, by Samuel Henry Dickson, M. D., and

Chemistry for Students, by Geo. Fownes, F. R. S., edited by Robert Bridges, M. D.

We have received the following works from the publishing house of Fowler & Wells, of New York:

Hints Toward Physical Perfection, or The Philosophy of Human Beauty—showing how to acquire and retain bodily symmetry, health, and vigor, secure long life, and avoid the infirmities and deformities of age. By D. H. Jaques. 12mo., pp. 244. New York: 1859.

Rural Manuals.

The House, a new Pocket Manual of Rural Agriculture; or How to Build Dwellings, Barns, Stables, and out-dwellings of all kinds, with a chapter on Churches and School-houses. Price, post-paid, paper, 30 cents; muslin, 50 cents.

The Garden, a new Pocket Manual of Practical Horticulture, or How to Cultivate Vegetables, Fruits and Flowers; with a chapter on Ornamental Trees and Shrubs. Price, paper, 30 cents; muslin, 50 cents.

The Farm, a new Pocket Manual of Practical Agriculture; or How to Cultivate all the Field Crops; with an Essay on Farm Management, etc. Price, paper, 30 cents; muslin, 50 cents.

Domestic Animals, a new Pocket Manual of Cattle, Horse, and Sheep Husbandry; or How to Breed and Rear the various Tenants of the Barn-yard, etc., etc. Price, paper, 30 cents; muslin, 50 cents.

Transactions of Medical Societies.—1. Transactions of the Medical Society of the State of New York; Assembly document, pp. 454. Bound in muslin.

2. Transactions of the Medical Society of New Jersey for 1859, being the 93d annual meeting of the society. pp. 95. Newark: Printed by S. C. Atkinson, No. 1 New st.

3. Transactions of the Fifth Annual Meeting of the Kentucky State Medical Society. pp. 64. 1856.

*** We purpose noticing the above Transactions at length on another occasion.

Editorial.

The Howard Hospital.—We are glad to learn that this institution has secured a spacious lot on twenty-first street, near Walnut, on which to erect their new building. The

lot is 75 feet front by 180 deep. We have seen the plans of the proposed structure, which, when completed, will make it the most convenient and admirably arranged building for hospital purposes in the city.

The trustees and faculty of this hospital have much to encourage them, and in view of the admirable arrangements made for the accommodation of medical students, the Howard Hospital has very strong claims upon the support and sympathy of the citizens of Philadelphia, to whom the income, direct and indirect, accruing from the several medical institutions located here is enormous.

The same remarks are applicable to the Charity Hospital, located in another section of the city, and we hope ere long to be able to chronicle the fact that the trustees of this institution have not only "secured a lot," but that they have the prospect of speedily erecting a building upon it.

Philadelphians! these institutions have the strongest claims upon you for support, in both a benevolent and pecuniary point of view.

 We have been compelled to omit the Pennsylvania and other hospital reports, besides communications, editorial, periscope, etc, this week, although we had added several pages in the expectation of accommodating all.

The minutes of the State Society did not reach us in season for this week's number.

Periscope.

Hypophosphite of Quinine—A New Remedy.—Dr. J. L. Smith, Prof. of Chemistry, University of Louisville, recommends this article in those conditions in which the preparations of hypophosphorous acid are used, and where the effects of quinine are at the same time indicated. He, therefore, suggests its use as a tonic in phthisis and other cachexias. It is quite soluble in water and may be so administered, and in the form of pill, is more soluble in the stomach than the sulphate.

It was first made by adding an excess of recently precipitated quinine to a hot solution of hypophosphorous acid, and on cooling, the salt crystallizes out in beautiful silky tufts, which, when dry and broken up, resemble asbestos

in appearance. The method adopted and proposed for making it on a large scale, is by double decomposition; using the sulphate of quinine and the hypophosphite of baryta; the operation must be conducted so that there shall be no excess of either salt in the solution; the solution is filtered from the sulphate of baryta, concentrated, and allowed to crystallize, which it does in the manner already mentioned.—*Louisville Med. News.*

Compressed Sponge.—The *N. Y. Jour. of Med.* contains an important article on this subject by Dr. J. P. Batchelder, to whom is due the credit of the suggestion and general application of this valuable surgical appliance.

Our own experience with it, in a variety of applications, attests its utility.

The following method of preparing the compressed sponge and applying it in mammary abscess is given by Dr. B. "The softest pieces of sponge should be selected, each piece being large enough to cover the entire breast. The sponge should be carefully washed to remove any gravel, shells, etc., it may contain; and when thoroughly dried it is compressed for a long time under a heavy weight or between the lips of an ordinary carpenter's vice. The sponge, when thoroughly pressed, should be bound as firmly to the breast as the patient will allow, by means of a bandage passing several times around the body above and below the other breast, a piece of lint being placed between the breast and the sponge, to prevent the latter from irritating. It is then soaked with cold water, and the bandage preventing the sponge from expanding outwardly, its expansion makes the desired pressure on the breast.

The patient usually complains of pain for ten or fifteen minutes after the application. The temperature of the water dressing is soon raised to that of the body, and thus we have the essential elements of a poultice, heat and moisture, without the inconvenience of an ordinary poultice. This soft yet firm compression adapts itself evenly and equally to the whole breast, and the sponge not only forces out the matter, but absorbs it; the sponges are to be kept wet during the whole time of their application. The patient soon becomes accustomed to them, and the alleviation of suffering is so great, as to cause her to request the continuance of the treatment. The sponges should be renewed daily."

Compressed sponge in some form has been applied by Dr. Batchelder to the following uses: dilatation of the canal of the cervix uteri in cases of sterility, difficult menstruation, and for the relief of other affections of the part or organ; dilatation of sinuses; fistula in ano; dilatation of the meatus auditorius; ulcerations of nasal cavities and bones; dilatation of strictures of the rectum or urethra; hemorrhoidal tumors; dilatation of the female urethra; morbid growths of bone or soft parts; caries and necrosis; swelled testicle; syphilitic vegetations; tumors non-malignant; enlarged joints; as a styptic in hemorrhage.

Action of Santonin upon Vision.—From the French, by CH. F. J. LEHLBACH, M.D.—In the Academie des Sciences, (*Gaz. Hebdom.* April 1st,) of March 21st, 1859, M. T. L. Phipson related his experience with santonin. He had taken a five grain dose of santonin a little after two o'clock in the afternoon. Between five and six o'clock its effects became manifest; he thought he perceived a very faint greenish tint upon white window curtains, but ascribed it at first to his imagination. At six o'clock the gas flame, chandeliers, the fire in the stove, and all white objects, strongly illuminated, assumed a very intense yellowish-green tinge; other objects retained their ordinary colors. This effect continued, without intermission, during the whole evening, and did not commence to diminish until half past ten o'clock, and was still appreciable at midnight and until two o'clock in the morning, when the doctor went to bed. In the morning the effect had disappeared entirely.

Attempts have been made to explain this remarkable affection of sight, by supposing the production of a temporary icterus, during which the serum of the blood becomes colored green. M. Phipson adds:

"I have been led to think that the serum of the blood is really colored by the assimilation of the santonin. I have shown that santonin is transformed, under the influence of oxydizing agents, into a new, yellowish green, brilliant and crystalline substance, which I call 'santonein,' and this substance is found in the urine of persons who have taken santonin. After the facts which I have observed, it seems to me evident that the santonin is oxydized in the body by the oxygen of respiration, and is transformed into 'santonein.'"

Medical News.

Crowding of Population in New York.—

The recent report of the New York Sanitary Association presents some startling developments in regard to the density of population and miseries of the poorer classes in that city, and sufficiently accounts for the very high rate of mortality. It has explained the hitherto incomprehensible fact, that New York, though covering a much less space than Philadelphia, and having only half the number of dwelling houses, has still a greater population. It shows that there are hundreds of families living in dark cellars, and as many as twenty-five persons, in some localities, sleep nightly in an ordinary small room. The following is extracted from the report alluded to :

"There are many single blocks of dwellings containing twice the number of families residing on the whole of Fifth avenue; or more than a continuous row of dwellings similar to those on the Fifth avenue three or four miles in length. There is a multitude of these squares, any ten of which contain a larger population than the whole of the city of Hartford, which covers an area of several miles. In 1850 the entire population of this city was 515,394. Number of families, 93,608; whole number of dwellings, 37,677.

"Philadelphia in 1850 contained a population of 408,762, divided into 72,392 families. To accommodate these families there were 61,278 dwellings. With a population of 107,000 smaller than New York, Philadelphia had 23,601 more dwellings than New York.

"Baltimore, in 1850, with a population of 210,646 in 34,925 families, had 30,065 dwellings.

"Boston, in 1850, had a population of 146,881. Chelsea, a suburb of Boston, had a population of 7,236. Boston and Chelsea included had 25,415 families, and 16,567 dwellings.

"The extreme value of land in New York makes tenement houses a necessity. They have sprung up within a few years, and have now become so numerous, and the amount of capital invested in them is so enormous, and the interest paid to the owners in the shape of rent is so great, that it will be almost an impossibility to accomplish any reform. In one case, where the establishment is arranged for the accommodation of 126 families, the rates charged, if the tenements were all occupied, would not be less than 25 or 30 per cent. on the first cost, so that some five years would suffice to pay principal and interest. This building stands on a plot of ground, perhaps 50 x 250 feet. There is an alley on each side, running the whole depth, and being some 8 feet in width. Our tenement buildings are almost invariably so constructed as to make even tolerable ventilation entirely out of the question. A current of fresh air can never be passed through them after they are finished. Each tenement very generally consists of a room and bedroom. The buildings is 3 to 6 stories high, with two or more families on

each floor or story. In this one room the family sit, do all their work, cook, wash and eat. Disgusting as some of these details are, the influence, both on the health and morals of the people, cannot be properly estimated in the absence of these details. I am no longer surprised at developments of wickedness in our midst, when I see how the masses live.

"The large tenement house alluded to above is occupied principally by foreigners, but not of the lowest class; most of them, with different surroundings, would make themselves appear respectable; but to look at a single fact in connection with the accommodations offered to these families where they pay a rent of 35 per cent. on the money which their tenements cost. The alley-ways at the sides of these houses are excavated to the depth of the cellars of the houses, say nine feet—an arch thrown over and covering the flag stones. Directly through the whole length of this excavation or vault is an open drain connecting with the street sewer, the water always standing, with little current. Along one side of the whole length of this vault are arranged the water closets used in common by this horde of families. They should be called stalls rather than closets, for there is not a door connected with this whole establishment; there is an opening from each division of the cellar into this vault, being lighted by openings a few feet apart, covered with iron grating, such or similar to those upon sidewalks. The filth and odor of this place are awful. And yet these are the only accommodations afforded to hundreds of women and children, amid filth such as no decent farmer would drive his swine into, and where there is but little more retracy than upon a public common. Where there are such beastly arrangements as these, how can they develop other than a beastly morality?

"Nor need it be a wonder that more people die in New York than almost any other city on the face of the globe. Our tenements for the masses are so constructed as to shut out the light, and to make ventilation an impossibility, while the surroundings without are made to combine the very elements of death. The windows one from each room, and they have but two windows for light and air, and only one to each room; these look out against a solid brick wall, eight feet from them, and from this alley-way the odors arising from the horrid vault beneath, mingle with every inhalation these poor creatures make. Nearly all of our tenement houses are open to these very strictures, not all, I will admit, to as great an extent, yet the state of things is such as to make death a certainty to most of the poor babes whose lungs are to inhale their atmosphere. No one will wonder, who goes through these houses, only as he shall wonder that all, old and young, do not die. If this city were not more favorably located for health than almost any other city on earth, almost nobody would live here. Let the same state of things exist in New Orleans, and it would be decimated at once, and so would London. But terrible as the physical aspect is, the moral side of the picture is utterly appalling.

"What will be the moral condition of New York thirty years hence? is a question that ought to be pondered soon, if we would not be engulfed. I was in the city during the whole period of the first cholera. With a population of 220,000, the deaths ran up from about 6,000 the year previous, to more

than 10,000, notwithstanding the fact that more than one-half of the population left the city during the prevalence of the epidemic. Then the disease selected as spots where it would run riot, where there was the most crowded neighborhoods. The block in Laurens street, between Broome and Grand, was most terribly scourged. I very well remember entering one of the houses the morning the sixteenth corpse was carried out, and notwithstanding the terrible mortality there, it would bear no comparison to the present dense crowded state of our tenant houses. In 1832 there was only here and there a place which seemed so particularly to invite the disease.

"Now these plague inviting neighborhoods are everywhere. Then, the mass of the people of New York could leave for more healthy localities, now, if cholera or yellow fever gain a foothold, they must stay and die, as they could not, on account of poverty, leave. Let the cholera return here with the same virulence as at its first visit, and what could prevent the death of hundreds of thousands of people in ten weeks, which was about the time it prevailed then. Scenes I then witnessed by day and by night can hardly fade from my memory; but I candidly believe that, from the altered condition of our people in regard to their domiciliary accommodations, and from their deeper poverty being compelled to stop here, the mortality would be most horribly increased."

A floral fair and strawberry festival was held in this city last week in aid of the attempt to establish an asylum in or near this city for inebriates. Measures are on foot also for the establishment of a similar institution in Tennessee. While all such attempts have our sympathy, we are of opinion that an ounce of prevention is worth a pound of cure. Close the manufactories of bad liquors and the dram shops, and there will be little for asylums for inebriates to do.

Dr. Jacob Harson, of New York, an alumnus of the College of Physicians and Surgeons of that city, has, we learn from the *N. Y. Times*, appropriated the sum of \$2,500 in stock of the U. S. Trust Company, for the purpose of providing an annual prize to be offered to the students of that college for the best report of the clinical instruction of the N. Y. Hospital. The prize will consist each year of a gold medal of the value of \$50, and in addition, of a sum of from \$100 to \$150 in money. The competing reports are to embrace the results of the clinical instruction in the hospital during any four months in the year.

We learn from the *Boston Med. and Surg. Journal* that Dr. Edward R. Squibb, lately a

passed assistant surgeon in the U. S. Navy, and Assistant Director of the Naval Laboratory at New York, has established a laboratory at 149 Furman st., Brooklyn, for the manufacture of a class of medicinal preparations that come *fully up* to the standard of the U. S. Pharmacopœia. We trust that Dr. Squibb's enterprise will be liberally sustained by the profession. His qualifications are of the highest order.

Dr. Hethby, the Medical Officer of Health for the city of London, reports that the Thames has, within the last few days, (preceding June 1,) notwithstanding the early period of the year, exhibited unmistakable symptoms of offensiveness, and more pungently than last summer.

Translation of Medical Works into the Chinese Language.—Some of the standard medical authorities have recently been translated into the Chinese language by Dr. Hobson. They include works on the following subjects: Philosophy and General Anatomy, Surgery, Diseases of Women and Children, Medicine and Materia Medica, and on General Science. Some of these works have created great interest in them and have been republished by Chinese Mandarins, and widely circulated over China and Japan. The medical works of the Chinese show them to be totally ignorant of medicine as a science. Anatomy has never been studied, and they do not comprehend the circulation nor the functions of the viscera. It is believed that this series of treatises will spread much useful information among their practitioners, and induce attention to medical science.

The New British Pharmacopœia is being prepared by the Medical Council. At present there exist three works of the kind, under directions respectively to the Colleges of Physicians of London, Edinburgh, and Dublin, producing a confusing diversity in pharmaceutical practice. The object is now to reconcile these inconvenient discrepancies and produce a uniform national pharmacopœia.

Much temporary annoyance it is believed will be produced by the change, but the result will be satisfactory and will create a uniformity which has been much needed.

It has been decided to adopt the Avoirdupois weight instead of the Troy weight, or Apothecaries weight, and the work will be published in the English language instead of the Latin.

A fund is being raised for a monument over the remains of the late Dr. Snow, in the Brompton Cemetery, London.

Diphtheria is still prevalent and seems to be increasing in England and Wales. Every county has been more or less affected by it.

The Emperor Napoleon has decreed a statue of Humboldt to be placed in the gallery at Versailles.

The mortality from small-pox has, by the general adoption of vaccination, been reduced from its proportion of 1 in 10 of the entire mortality, to 1 in 2,378.

In Paris, England, and Genoa, the number of deaths by suicide appears to be about four per cent. of the whole deaths. And as in the whole of France the proportion of registered suicidal deaths equals only one per cent., it is evident that three quarters of these deaths escape official notice altogether.—*Lancet*.

The probable duration of life, at birth, was in the 16th century, at Geneva, 5 years; in the 17th century it was 11; in the commencement of the 18th century, 27; at the end of the 18th century, 32; and at the present moment it is 44 years; that is to say nine times greater than in the 16th century.

The mean age of mortality was 21 at the end of the 16th century; 26 in the 17th; 34 in the 18th, and 40 in the period from 1800 to 1840, since then it has reached 41—the highest figure in the countries of Europe.—*Marc D'Espine*.

Expectation of Life.—We find the following item in the *Nashville Journal of Medicine and Surgery*:

Mr. Charles M. Willick, of London, has established an extremely easy rule for expressing the value of the property which every man, woman and child possesses in life. His formula stands thus:

$$e = \frac{2}{3} (80 - a);$$

that is, "the expectation of life is equal to two-thirds of the difference between the age of the party and 80." Thus, say a man is 20,

two-thirds of the years between 20 and 80 are 40, therefore 40 is the expectation of life. A man now sixty will have an expectation of fourteen years more; a child of five will have an expectation of fifty, and so on. The results obtained by this new law correspond closely with those of Dr. Farr's English life tables, constructed from an immense mass of returns.

Professional Habits in 1670.—The great Sydenham, in the last treatise which he wrote, gives the following account of his own manner of living:

"In the morning when I rise, I drink a dish or two of tea, and then ride in my coach till noon; when I return, I moderately refresh myself with any sort of meat of easy digestion, that I like (for moderation is necessary above all things); I drink somewhat more than a quarter of a pint of Canary wine, immediately after dinner every day, to promote the digestion of food in my stomach, and to drive the gout from my bowels. When I have dined I betake myself to my coach again, and when my business will permit, I ride into the country two or three miles for good air. A draught of small beer is to me instead of a supper, and I take another draught when I am in bed, and about to compose myself to sleep."

ANSWERS TO CORRESPONDENTS.—*Dr. L., Catonsville, Md.*—Your instruments were forwarded on the 14th, by Adams' Express.

Dr. S., Grantville, Ga.—Your instrument was forwarded by Adams & Co.'s Express, a few days ago. A glass one, of the size you wished, could not be procured.

Dr. W., Halifax, Pa.—We can still supply full sets from the commencement.

Dr. P., Yazoo City, Miss.—The instrument you inquire for can be procured. The price will be about \$4.

Dr. S., Kenton, Ohio.—We will make the inquiries, and write you soon.

Dr. L., Pulaski Co., Ga.—Yes, your State seems to appreciate our work, for she gives us subscribers from twenty counties. Alabama gives us subscribers from fifteen counties.

Dr. H., Cherry Hill, Miss.—Lindsay & Blakiston will reply to your inquiry by mail.



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition.) fifty most honorary award^s from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,
ABDOMINAL SUPPORTERS,
Shoulder Braces,
LACE AND ELASTIC STOCKINGS,
SPINAL APPARATUS,
AND INSTRUMENTS FOR ALL DEFORMITIES.

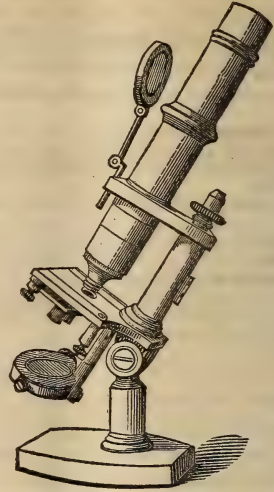
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and daptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Printed and illustrated catalogues furnished or sent by mail gratis.

123—1y

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA SURGEONS' BANDAGE INSTITUTE,

(PATRONIZED BY THE MEDICAL FACULTY.)

No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequaled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin Square. Artificial Teeth in entire or partial sets; Obturators, Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

127

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

This Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, *to serve the Profession*,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 in advance; single copies, ten cents. The REPORTER will only be sent to those who pay for it. *Notice will be given to subscribers at the termination of their subscriptions.* Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D., } Editors.
R. J. LEVIE, M. D., }

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago.

Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are *ten volumes*, and they contain a very large amount of practical information, besides a large number of *steel engraved portraits* of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

J. M. MIGEOD,

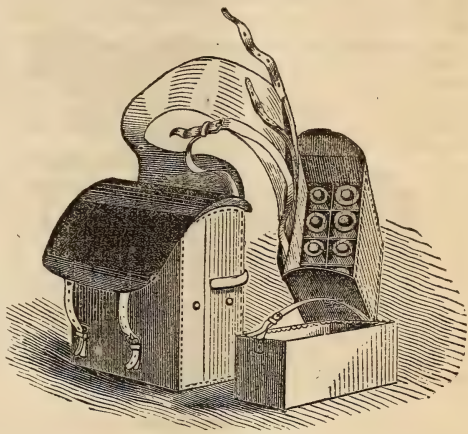
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley.)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
No. 2, containing	10 1 oz. " " and	\$9 50
No. 3, containing	8 1 oz. " " and	8 50
	8 1/2 oz. " " and	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " "	9 50
No. 6, " "	16 1 oz. " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " "	9 50
No. 9, " "	16 1 oz. " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " "	
" " "	1 Mortar, " " "	and
No. 2, containing	21 1 oz. Ground Stop. Bottles,	\$19 00
" " "	14 1/2 oz. " " "	
" " "	4 Pots, " " "	and
" " "	1 Mortar, " " "	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " "	and
" " "	4 Pots, " " "	\$12 00
No. 4, containing	20 1 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " "	
" " "	18 1/2 oz. " " "	
" " "	4 Pots, " " "	and
" " "	1 Mortar, " " "	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " "	
" " "	14 1/4 oz. " " "	
" " "	4 Pots, " " "	and
" " "	1 Mortar, " " "	\$16 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " "	and
" " "	4 Pots, " " "	\$13 00

NATHAN STARKEY,

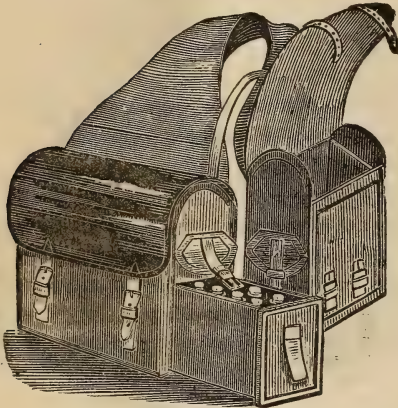
MANUFACTURER OF
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable
Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather,
with Pat. Leather Covers. Flat Pattern, with Pockets. Box
Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " "	10 50
" 6 & 11, " 20 1 oz. " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " "	8 50
" 3, " 16 " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 " "	19 00
No. 3, " 48 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " "	8 50
No. 8, " 15 " " " " "	6 50
No. 9, " 14 " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mount-
ing, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints,
Syringes, &c.

Manufactures to order and keeps constantly on hand a general
assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen
about to commence practice would do well to call and examine
his large assortment of Instruments. 118

Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of
these Baths in all the principal cities of Europe, and the
desire which has been so constantly expressed by the profes-
sion, to have a place, containing the necessary apparatus and
attention—has induced the subscriber to open an establishment
for their especial administration at No. 1121 Spruce street.
The institution has received the highest approval and entire
sanction of the most eminent practitioners of this city and New
York. Such arrangements have been made, that separate
Reception and Bath Rooms, and appropriate attendance, is to be
given to the different sexes, and every other privacy, convenience
and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly
welcomed, and every explanation as to the working and appli-
cation of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths ap-
plied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

139

No. 1121 Spruce street.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was
engaged, for a considerable time, in the most celebrated work-
shops of Paris, Belgium and Germany, and does not hesitate to
say, that there is no instrument, however complicated or
minute it may be, whose construction he is unacquainted with,
or which he could not manufacture.

Deeply impressed with the responsibility attached to the
maker of Instruments employed by the Surgeon, he will furnish
no instrument without a conscientious certainty of its being as
perfect as it is possible to make it.

As he has during the last three years been present at the op-
erations performed at the Surgical Clinics of the Colleges and
Hospitals of Philadelphia, he trusts that he understands fully
the wants of the Profession in this important department. He
asks attention to his Artificial Legs, Arms, and Club-foot Appa-
ratus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hos-
pital.
Henry H. Smith, M. D., Professor of Surgery, University of
Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Penn-
sylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical
College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical
College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartsborne, M. D., " "
A. Howson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Lewis, M. D., " "
Isaac Hays, M. D., " "
F. B. Goddard, M. D., " "

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 140.

PHILADELPHIA, JUNE 25, 1859.

{ NEW SERIES,
VOL. II. NO. 13.

Original Communications.

The Clinical use of the Ophthalmoscope in Diseases of the Eye.

By LAURENCE TURNBULL, M. D.,

Surgeon to the Department of Diseases of the Eye and Ear in the Howard Hospital of Philadelphia.

The ophthalmoscope, or speculum oculi, has for its object the discovery of diseased conditions of the posterior segment of the eyeball, including the crystalline lens, its capsule, the vitreous humor, the retina, choroid, and the entrance of the optic nerve. Its employment requires about as much ingenuity and the same amount of time and attention as is necessary to become expert with the stethoscope; and certainly no physician should be satisfied in deciding upon the existence of amaurosis in any case without a prior examination with the ophthalmoscope. With just as much certainty could we consider a patient to be laboring under phthisis because he has purulent expectoration and fever. It will be found that there are numerous cases of amaurosis, which formerly would have been pronounced hopeless, but which, upon a careful examination by this admirable instrument, are ascertained to be curable, and the reverse will equally hold good, thus preventing a long and tedious course of treatment only to the detriment of the patient's general health and our own discomfiture.

Now, an important question comes up for consideration, what is amaurosis? Is it a disease, or merely a symptom? It is generally understood to be a disease, but from the too frequent ignorance of many of our profession, cases have occurred where they were utterly unable to answer this question, or even to de-

fine the term when called upon in courts of justice or other important tribunals.

I claim for the ophthalmoscope that it enables us to decide promptly and certainly as to the seat of the disease and its nature, thus entirely relieving our cases of that obscurity which too often overshadows them, and enabling us to proceed at once to a correct and rational mode of treatment.

As is usually the case with every innovation upon old ideas, there is found a certain amount of opposition to its employment, and, as would naturally be anticipated, it comes from the same class of men as those who so strenuously opposed the introduction of vaccination, anaesthesia, and other equally valuable adjuncts to our profession, and who are equally well represented outside of our profession by the opponents of gas, the electric telegraph, etc., etc. Being unwilling to learn its use by the sacrifice of some time and labor, they endeavor to produce its condemnation by a variety of objections, among which may be mentioned the charge that it has injured the eye by the bright light which has to be employed in the examination, or that danger may result from the use of the solution of atropia. These, I am confident, have no existence, as in the numerous examinations which I have made with it since May, 1853, it has rarely been my lot to hear a complaint from my patients even of pain, or to see any injurious consequences result from its use.

Cases are continually being reported as amaurosis, without a word from the physician to show how so important a diagnosis was obtained. Now, if we were to publish accounts of diseases of the chest in the same way, ignoring the use of percussion and auscultation, our

conclusions would very properly be regarded as worthless. From these considerations, and the fact that I have employed it for the last six years, alone and in consultation, both in hospital and private practice, I have decided to give the facts connected with a number of cases in which its use has proved of great value in enabling me to arrive at definite conclusions as to whether my patient should be subjected to a course of alterative treatment, or be left to the *vis medicatrix naturæ*. In many instances I firmly believe that I have thus preserved my reputation and the health of my patients, which might otherwise have been sacrificed. Diagnosis is the all important secret of the physician, without which, our therapeutics are but an agency of evil, destroying what we wish to cure, and from this consideration alone, every conscientious physician and surgeon should gladly avail himself of all the auxiliaries within his reach.

I have also some hope that this paper may contribute to the introduction into more general use in this country, of so valuable, and I may say, indispensable an instrument.

To Dr. Mackenzie, of Glasgow, Scotland, is due the credit of applying the first rudimentary ophthalmoscope to the investigation of deep-seated diseases of the eye. His method consisted in directing the light of a gas jet through the pupil with a lens, so as to discover in a case the effects of hyaloiditis, or inflammation of the hyaloid membrane.¹ But the credit of the invention of the ophthalmoscope is due to Helmholtz, professor of physiology at Konigsburg, Prussia, though the first suggestion of such an instrument is undoubtedly due to Mr. Cumming of England. There have been numerous modifications, and also some improvements in its construction in the eight years which have elapsed since its first introduction to the profession, and I shall, therefore, without attempting to give any account of these successive steps, content myself with a description of the most simple and convenient form, and the one which I have always

employed. It is that claimed by Graefe and Anagnostakis. It consists of a simple concave mirror of about two and a half inches in diameter, with a small aperture in the centre, through which the observer looks. The posterior surface is covered with sheet copper, which should be blackened. A bi-convex lens should be employed in front of the mirror, unless the examiner is myopic. The mirror is set in a case or frame of wood, and is furnished with a handle, by which it may be steadied. They are made in this city by Mr. Francis, and can be obtained of Queen or McAllister.

A few general directions as to its employment may not be amiss, and may aid the experimenter in his investigations. In a dark room we should use a light similar to that from an argand lamp or gas burner, with a glass shade over it, and so placed as to be on a level with the eye which we desire to examine, but at the same time, behind or rather to one side of it. The observer seats himself upon a stool elevated above the patient, then places the instrument close to his own eye, so that the mirror will reflect the light into the eye to be examined. After obtaining the proper focal distance, which is usually about six inches, the lens is then placed about two inches in front of the eye of the patient. By this means we obtain first, a view of the cornea, then the iris, crystalline lens, vitreous humor, choroid and retina, each of which can be investigated in turn.

In all examinations of those portions of the eyeball which are situated behind the iris, it will be necessary to produce a dilatation of the pupil. This may be accomplished by applying the night previous, a small quantity of the soft extract of belladonna around the brow, or, if but a short time is allowed, it may be produced in a few minutes, by placing within the eyelids a few drops of a solution of

R.. Atropiæ sulphatis, gr. ij.—iij.

Aq. destill., f ʒi.

Acid. sulph. dilut., q. s. M.

ft. solut.

¹ Mackenzie on Diseases of the Eye, p. 564, American edition.

As I desire to establish the true principle

of its application, I will give the cases in regular order, progressing from the crystalline lens, posteriorly until we arrive at the entrance of the optic nerve.

Incipient Cataract.—Case 1. Hannah B, a healthy colored woman, aged 56, a cook; married; has ceased to menstruate; complains of a dimness of vision. An examination of the eye showed a healthy appearance, but from her actions it was supposed to be a case of cataract in the formative stage. To render the diagnosis certain, a solution of atropia was dropped into the eye, and she was requested to wait for ten or fifteen minutes with the eyes closed. Upon opening them, the pupil was found dilated, showing no disease of the iris. She was then placed in a darkened room, with her head a little in front of a gas burner, and was desired to look at the ear of the examiner, who was placed on a stool elevated a few inches above her. If it had been a case of true disease of the posterior surface of the eye, no solution of atropia would have been required, as in such cases the pupil is usually dilated. To further test the case, the catoptric test was resorted to. The light of the gas was reduced, and a lighted candle was then passed with care, up and down, in front of the eye; each of the images was seen, but the inverted and posterior one was not distinct. The gas light was then increased, and the rays directed, by means of the mirror of the ophthalmoscope, full upon the eye, so as to produce a red glare, which was concentrated by means of the convex lens placed in front of the mirror, and the whole eye of the patient was presented clearly for inspection. There was found stilated opacity of the lens, more on the left than the right, confirming the diagnosis, and making it certain that nothing could be done but to keep the pupil dilated with a weak solution of atropia, until the cataract was fully formed, when an operation would relieve her.

¹ This was done in order to give her something on which to fix her gaze, and thus prevent the eyes from moving about, as will be observed when this precaution is not taken. This principle is observed by daguerreotypists, etc.

Dimness of Vision.—Case 2. John K., aged 40; a pedlar. Complaints of dimness of vision with deafness. An examination having been made, the eyes looked as if there was a slight haziness of the crystalline lens. The pupil was then dilated, and by a careful ophthalmoscopic examination, this haziness was discovered to be in the cornea, with no opacity of the lens or its capsule. A quantity of impacted cerumen was removed from his ear, and he was directed to procure a pair of spectacles, of about 48 inches focal distance. He shortly returned, and reported himself much improved. By means of the spectacles he was enabled to distinguish objects which before were almost invisible to him.

I have found that even with experts in the use of the ophthalmoscope, there is occasionally a tendency to confound opacities of the cornea with that of the crystalline lens, and yet there is no opacity, however small, that may not be detected by its use. Dr. Mackenzie observes, that "if a patient with incipient amaurosis presents himself to a practitioner who mistakes the case, and supposes it to be one of incipient cataract, the advice which he will give will be to wait with patience till the disease is fully developed, and then to submit to an operation. Should the patient return, after some months, with a fully developed amaurosis, instead of a cataract, the practitioner would necessarily feel that by his ignorance and inattention he had lost the only season for treating an amaurotic affection with success. The opposite mistake would probably lead him to the employment of depletion, mercury, and counter-irritation, by which his patient's health might be seriously compromised, but which could have no effect in removing an incipient opacity of the lens."¹

The Vitreous Body.—The vitreous humor is a transparent, jelly-like mass, which is evidently held together by a delicate membrane. It fills up the posterior and middle part of the interior of the eye-ball. It is concavo-convex in form; the convexity which is posterior is

¹ Mackenzie on Diseases of the Eye, American edition, p. 703.

in close apposition with the concave surface of the retina, and in its concavity, which is anterior, is placed the crystalline lens. Thus it is readily seen that diseases of this body may, by contiguity, affect either of the others.

I have not been able to detect the punctated opacities, yet in the following case I discovered a diffused veil over the retina, obscuring the optic nerve and the vessels of the retina, evidently caused by an effusion of lymph, which, under the action of an alterative course, was removed.

Case 3. Jan. 19th, 1859.—Mrs. Matilda B., aged 48; a widow; has ceased to menstruate. She has suffered for the last twelve months with dimness of vision, and pain over the orbits. Upon examination by the ophthalmoscope, there was observed behind, and to the side of the crystalline lens, and in the vitreous humor, an opaque membraniform deposit. Lest this might be the retina, a second and still more careful examination was made, but failing to discover any vessels in it, I concluded that it was in the vitreous humor. I therefore directed the following pill to be taken three times a day:

R. Hydrarg. chlorid. mit. gr. xx.

Pulv. opii, gr. ij.

Ext. cinchon. comp. ʒss.

M. ft. pill. No. xx.

On the 26th she was completely under the influence of the mercurial, which was continued until Feb. 9th, when, as no benefit was observed, it was omitted, and substituted by

R. Liq. ferri iodidi.

S. Five drops every three hours, with a pill of quiniæ sulph. gr. j every four hours.

Feb. 11th.—Vision improving; able to see the fence across the garden of the hospital.

23d.—Still improving. A third examination with the instrument failed to detect the presence of any lymph. She was also directed to use a pair of spectacles.

March 5th.—Returned, with the report that she was improving, the spectacles having aided her much in vision.

Mr. Wordsworth, of the Royal Ophthalmic Hospital, London, reports a case of blindness

following a blow, which was entirely due to an extravasation of a clot of blood into the vitreous humor, in the direct axis of vision. It was quite invisible to the unassisted examination, the eye of the patient looking natural, but with the ophthalmoscope was immediately detected.

Professor Edouard Jäger has published a paper,¹ in which he relates the following case of a foreign body in the vitreous humor, detected by the use of the ophthalmoscope. In such cases, the least amount of light possible should be employed, so as not to increase the inflammation of the eye.

“A workman, whilst engaged in engraving on steel, was struck by a chip, which passed through the cornea and iris, and lodged in the vitreous humor. Without suspecting the gravity of his wound, he consulted Professor Jäger at the end of ten days, for a slight affection of his sight. There was only a very slight trace of a wound in the cornea and iris. On examining the transparent media, there was seen a foreign body enveloped in plastic exudation, as a consequence of inflammatory action; the fragment of steel became encysted at the end of a week, and the vitreous humor recovered its transparency, but the sight gradually diminished. Five weeks after the accident, separation of the retina in the neighborhood of the cyst was discerned. This separation soon extended over a third of the inferior and external portion of the retina, whilst the encysted fragment had moved from its first position, and was gravitating towards the middle of the eye. This displacement was only attended with a slight pricking in the external parts of the eye. A plastic deposit was then formed, which raised the retina and hyaloid in the form of a cone, at the summit of which was the encysted body. At the end of three months this small fragment had reached the centre of the globe. At first horizontal, it had now become vertical, a position which it maintained. The eye retained its form, the lens its transpa-

¹ Oester.-Zeitschr. f. pract. Heilk., 1857, No. 2, on Injuries of the Eye, p. 42, by Wm. White Cooper, London, 1859.

rency, and there remained some amount of oblique vision."

Retina.—A common form of blindness or defective vision, arises from intemperance, and the following case will show that it often depends on inflammation of the retina:

Case 4. John Gorman, æt. 35, a strong, robust man, a laborer. He applied at the Hospital, Oct. 20, 1858, complaining of dimness of vision of three months duration, but which, within the last week, had become so much worse, that he was unable to guide himself, being compelled to have his wife with him. He had been an intemperate man, and still indulged in a drink once or twice a day. His eyes were natural, the iris sluggish. A solution of atropia, three grains to the ounce of water, was dropped in the eyes, and it was then discovered that the iris was contracted on one side. Used the catoptric test, and found the three images perfect.

He was directed to give up his stimulus, and use a bitter infusion, and take two comp. cathartic pills at bed-time.

Oct. 21st.—His eyes were now examined with the ophthalmoscope, and the iris was ascertained to be partially changed by a former inflammation; the lens and vitreous humor were perfectly clear, but the retina was found to be congested over its whole surface, with a varicose condition of its vessels.

Oct. 24. Pills and bitters taken regularly. Vision more indistinct. Had him cupped on the nape of the neck.

27th. No improvement. Directed the following:

R. Mass. hydrarg. ʒj.
Ext. gentian. ʒj.
Strychniæ, gr. j. M.

ft. pil. No. xx. One three times a day.

30th. No better, and very nervous; directed pil. assafoet. c., one three times a day, and continue the last prescription.

Nov. 1. Still very nervous, omitted the assafoetida, and directed

R. Ext. nucis vomicæ, gr. ʒ.

One pill every four hours.

10th. To-day, he can see indistinctly the houses opposite; feels somewhat improved, mouth slightly sore.

14th. Not so well; headache, and dimness of vision; pulse full; directed him to lose ten ounces of blood, and take a saline draught, omitting pills till after its operation.

17th. Much improved, pain gone, able to distinguish objects.

20th. Can see objects a distance of about three squares distinctly. He was discharged cured, with directions to continue the saline cathartic. This patient would, without doubt, have become permanently blind, had it not for the treatment he received, as congestion of this delicate membrane is soon followed by effusion of particles of lymph, and then there is entire loss of vision at those points.

The following illustration of the value of the ophthalmoscope in detecting obscure injuries of the eye, is given by Mr. Wm. White Cooper,* who remarks that "without the aid of that instrument, Mr. Dixon and myself could only have hazarded an opinion as to the probable nature of the injury, whereas we were enabled to speak with confidence and precision.

"Two officers, returning from Epsom races, were amusing themselves by throwing various missiles at the passers by; one of these missiles, a hollow wooden pear, struck, with great force, the right eye of a farmer; the sight was immediately extinguished, and the eye much bruised.

"Ten days afterwards, Mr. Dixon was consulted, and on examination with the ophthalmoscope, discovered a rent in the retina, and a considerable coagulum of blood, which lay against that membrane.

"Legal proceedings were taken against the officers, but it was agreed that an amount of compensation should be settled by two arbitrators, founded on a medical report to be sent in by Mr. Dixon, and myself, together with Mr. Simms of Staines, who had special

* On injuries of the eye, by Wm. White Cooper, pp. 233-4.

charge of the case. We met, therefore, on the 6th of October, and made a careful examination of the injured eye. The pupil was slightly dilated, and motionless; nothing abnormal, visible beyond this; objects were seen by the patient indistinctly, and a black patch obscured the central portion; pica type were read with difficulty, each word requiring to be separately made out. The ophthalmoscope showed the seat of the rent in the retina, as an opaque, irregular line, nearly in the axis of vision, and there were many small spots around this, evidently the remains of the coagulum of blood, which had not been entirely absorbed.

"In our report, we were able to state with confidence, that though Mr. J. might retain a certain amount of sight in the injured organ, we were of the opinion that it would never be restored to its former perfection."

Choroid.—Mr. Hulke, of London, has described some of the most common morbid changes occurring in the choroid, in children with imperfect sight and rolling globes, as follows. The changes are large white patches, across which, the retinal and larger choroidal vessels may be seen coursing. A case of this kind we observed in a child suffering with defective vision, and verminose disease; and although various means were tried, it was not removed by any treatment employed. In an eye affected with ciliary staphyloma and hydrophthalmia, these changes had taken place; in which Mr. Hulke had an opportunity of examining after death. "Just behind the ora serrata, there was a narrow zone of tolerably normal choroid; but behind this, the choroid and retina seemed to have disappeared, leaving the sclerotic apparently uncovered, and sprinkled here and there, with a few black woolly flocculi. The absence of these membranes was only apparent. A more careful examination, found the choroid and retina adherent to each other, and to the sclerotic. The retina was atrophied, and its vessels in a state of fatty degeneration."¹

Synovitis.

By J. R. McCLURG, M. D.,
Of Philadelphia.

The general practitioner of medicine in every section of our country is often called upon to use his professional skill in the treatment of acute and chronic inflammation of the synovial membrane, and particularly of the knee, resulting from cold, blows, strains, and penetrating wounds. That synovitis is a disease of serious import, producing deep anxiety of mind, often of intense suffering to youth and those of mature years, and that the treatment in many instances has been most injudicious, and the result deplorable, cannot be denied.

This being the fact, I hope I shall be pardoned, for I shall speak briefly and frankly, when I say that the treatment—particularly the topical—of synovitis as prescribed by *all* the medical works on surgery, has been unsuccessful in my hands, and I have in a great measure repudiated it. The constitutional treatment recommended by authors, is probably quite applicable, but the local, such as leeching, cupping, blistering, pustulation, with tartar emetic ointment, caustic potash, the moxa, the actual cautery and cutaneous incisions, against each and every one of them, I do protest and denounce them in the majority of cases as worse than useless. That many cures have been effected by subjecting patients to days and weeks of torture I will not deny, but I do contend that as speedy and as effective results could have been produced under a milder topical treatment.

In the early stage of this disease the fever is often violent and alarming; it must be reduced; it can be reduced with bleeding from the arm, tartar emetic in saline mixtures, calomel, antimony, the nitrate of potash, etc. Is the action of the heart violent, the arterial excitement great? They must be reduced, calmed, controlled, which we can do with absolute certainty with the veratrum viride. Has the general nervous system become morbidly sensitive? the patient wild and restless, and perhaps worn out with long vigilance and suffering? The aqua camphoræ, and morphia will

¹ Ophthalmic Hospital Reports, Jan. 1858.

be a sweet boon to him and will calm him into a pleasant slumber.

It must be remembered that the secret of success in the treatment of this disease is *primarily* in the constitutional treatment, and *secondly* in the topical. If it be the knee which is the seat of disease, upon my first visit, or very early, I apply a roller most carefully upon the limb from the toes to the groin, as tightly as the condition of the disease will permit, and then use ice, vinegar and salt, evaporating lotions or flannels wrung out of hot water to the knee if the case be one of acute synovitis. If it be a case of chronic synovitis I invariably cover the joint with a plaster of the ceratum hydrargyri compositum, and over this a tight roller as above. If suppuration has already taken place, or there be abscesses in the joint, the pus must be let out by a *free incision*, and not by small punctures, previous to the application of the roller. In the acute stage after the roller is applied, the limb must be supported upon pillows, but in the chronic stage a carved splint is decidedly preferable.

Being called upon, I visited J. G——, aged about 35 years, whom I found suffering from a severe attack of synovitis of the left knee. He informed me that he had suffered intensely for some weeks, that he had been bled in the arm and foot, purged frequently with calomel and jalap, leeches, cupped, blistered, and taken much medicine without any curative effect. His suffering was very acute upon the least motion of the leg, the skin was dry and hot, the eyes red, the tongue thickly coated, the pulse 130 per minute, had no sleep for two or three days, and the whole nervous system was exceedingly sensitive. The knee was very much swollen, hot, and very tender to the touch. I ordered him Dover's powder, gr. x. and calomel, gr. vj. every three hours until he became comfortable, also 5 drops of Tilden's veratrum viride every four hours. The knee was covered with a plaster of the ceratum hyd. comp., a roller applied from the foot to the groin, and placed in a carved splint. At my next visit the patient was sleeping, had passed a comfortable night, the pulse reduced to 90 per minute, the skin was moist, and he

said he felt better than he had done for three weeks. I ordered him a dose of castor oil, put him on the use of the iodide of potassium, and 20 drops of the veratrum viride *per day*, Dover's powder at bed-time; the plaster, roller, and carved splint were continued, and his recovery was at an early day complete.

Mr. M—— cut his knee with a corn cutter, and had the wound closed by a neighbor with three sutures, after which he continued to walk about his farm for two or three days, when he was taken with a chill, the knee began to swell and became very hot and painful. Upon visiting him I found him with tetanus incipiens, violent fever, hot skin, quick jerking pulse, and every symptom of a dangerous case. The knee was greatly swollen, the sutures still closed the wound, which was black, and emitted a gangrenous odor, and the inflammation extended up the thigh for several inches. I bled him freely from the arm, gave him full doses of camphor water, tartar emetic and morphia, combined, removed the sutures, with a scalpel opened the wound down to the bone the whole length of the patella, covered the wound with a poultice of powdered elm bark, and then applied a roller upon the leg, which was placed upon pillows. This treatment proved entirely satisfactory, and upon the fourth day the wound was covered with a plaster of the ceratum hydrargyri compositum. The roller was continued and the limb placed in a carved splint, and the patient recovered with the perfect use of his limb in one month.

On last September, I was requested to visit, many miles distant, a little son of Mr. W—— in consultation with a skilful physician who had attended the child for some weeks. It was a severe case of synovitis of the knee, caused by a strain while at school. The little patient had for many days suffered terribly, and it required the father or mother to be with him constantly day and night, to hold the leg above and below the knee, to mitigate his suffering. He had been treated in the usual form prescribed for this disease, yet the knee was very much swollen, with but little indication of a favorable termination. We placed him upon opiate and tonic medicines,

and to the knee applied the ceratum hydrarg. compositum roller and splint. The roller was applied to the leg as tightly as possible, and from the moment of its application his suffering ended, he rested well, and recovered in a short time the perfect use of the limb.

Miss A—of a scrofulous constitution, struck her knee violently against the corner of a sofa, which was followed in a few days by a most violent attack of synovitis, which for some days was exceedingly painful. After bleeding her from the arm one of the principal medicines used was the veratrum viride continued during the day, and Dover's powder at bed-time. The topical treatment was in every respect that of the above cases, and the cure was perfect. Having already occupied more space than was allotted to me, these four cases, out of over thirty upon my case book, must suffice for the present. The veratrum viride, tartar emetic, opium, camphor, roller and splint are, to me, indispensable remedies in the treatment of synovitis.

On Epidemic Catarrh.

By F. McGRATH, M. D.,
Of Pittsburgh, Pa.

During the past winter, which (with the exception of a few days in the early part of January) was unusually mild, pulmonary affections owing probably to the humid state of the atmosphere, have in this locality very generally prevailed, assuming the various forms of catarrh, bronchitis, or pneumonia, as accidental circumstances or predisposition influenced the ærial poison. Pregnant females suffered severely from influenza, and were in many instances prematurely confined. In children it was not only very general, but amongst those of tender years or delicate constitution, very fatal.

In December I met with several severe cases of catarrhal fever in children, during the months of January and February cases multiplied rapidly, and by the beginning of March the epidemic had reached its climax, and then began to subside, so that by the end of the month or beginning of April, it had

almost disappeared, having left behind many an emptied cot as evidence of its visit.

The attack was ushered in with inflammatory fever of a remittent type, chills, alternating with flushings of heat; the head hot, heavy, and aching; frequent sneezing, soon followed by hard, dry cough, with sibilant rales rapidly extending over the entire chest, mixed, after a time, with a fine crepitus, as the disease advanced to the more minute cells, generally first perceived on the right side. Dyspnoea now became urgent; the cough almost incessant, with short, quick breathing; full, rapid pulse; as the disease progressed, mucous rales predominated, intermixed with crepitus; the breathing still hurried; the *alæ nasi* called into active motion; the pulse next began to fail, becoming feeble and thready; the face cold, and perspiring, while the heat of the trunk and extremities was much increased. The cough, which had been so severe and continuous, seemed to subside from exhaustion; loud bronchial and mucous rales now occupied the chest, and the countenance became pale or livid, coma supervened, and death closed the scene.

Such was the usual course, where treatment was too late, or unsuccessful. The attack was of very uncertain duration in fatal cases, varying from three or four to eight or ten days; in some cases of recovery, owing to the state of the atmosphere, and other circumstances of residence, etc., treatment was often prolonged over as many weeks.

The treatment in the earlier stages, with few exceptions, was strictly antiphlogistic. Emetics, local depletion, small doses of calomel and ipecacuanha, with the hot turpentine epithema. This latter remedy I found extremely useful, when properly managed, which is very seldom the case, unless we see it done. The spirits of turpentine ought to be applied on a piece of flannel the size of the part to be acted on, over this the hot flannel, entirely freed from water, and applied as hot as the hands can handle it. When the turpentine can no longer be borne, the cloth containing it can easily be withdrawn, without removing the hot one. The time for active treatment, however, soon

passed over, when stimulants, and small blisters became more suitable. The senega mixture of Doctor Stokes of Dublin, is then peculiarly beneficial. The following form I found convenient:

R.	Amonia carb.	gr. vi to x.	
	Aqua,	f 3i.	
	Syr. senegæ,	f 5vi.	
	Tinc. scillæ,	f 3ii.	M.

A teaspoonful every half hour.

With this mixture, small blisters to the chest, for periods of two or three hours; and wine whey in the latter stages, and in such cases as indicated debility from the commencement, and where antiphlogistics were contra-indicated—I was very successful; where debility, with general irritability remained, Dover's powder and sulph. quinia were useful. The syrup of cinchona, in other instances, I found to suit admirably.

An Anomalous Case of Meningitis.

By W. JOHNSON, M. D.,

Of White House, N. J.

I was requested by D. R. to visit his daughter Emma, aged about eight years. *She is a child of fair complexion and light hair, but has no other marks of a scrofulous diathesis.* There is precocity of physical and mental development in the child. About two weeks since she fell very hard upon the floor whilst at play. The shock, however, soon passed over. Two days after she visited from home, and ate very heartily of fresh fish in the evening, and partook freely of stewed raisins. She became sick in the night, and vomited some of the raisins. She remained sick all day. In the following night she had a smart convulsion, and my son, Dr. J. Vancleve Johnson, was called in. The fit, however, had passed off before his arrival. He administered a cathartic, and applied cups to the nucha of the child. She appeared to improve, and had no other fit. He gave her several cathartic doses of senna and jalap and left her sp. minder., and applied sinapsms to the extremities as revul-

sives. Five days since she was attacked in the night with coma so profound that the family could not arouse her. Becoming alarmed, my son was again called up to her aid. He cupped her on the neck, and applied epispastics to the calves of both legs, and to the nucha.

I saw the child the next morning. She then presented the following manifestations: profound stupor, from which she could, however, be aroused without much difficulty, but into which she soon again relapsed. There was no dilatation of the pupils; no pain in her head, or any where about her; countenance rather flushed; tongue somewhat coated; respiration perfectly normal; top of head rather too warm; the rest of the surface natural; expression of countenance that of a child in natural sleep; pulse 80 per minute, and very soft. I thought that the child had been sufficiently evacuated by the cupping and purging, and that she needed no further depletion. As the blister which had been applied to the neck had not drawn well, I advised the child's head to be shorn, and another to be applied over the *parietal region*, the cold iced water which they had been using to be continued. The epispastic, though suffered to remain on 24 hours, occasionally wetting with vinegar, drew very imperfectly. This circumstance I attributed to the action of the skin being kept down by the cold water so frequently applied. I directed the continuance of the sp. mindereri. In the afternoon and evening I found no alteration in the case, and the next day also very little. This day I substituted the julep. ammon. for the sp. mind., as the debility had much increased. It was given every two hours, each dose containing 4 grs. of the carbonate. The pulse lost much of its frequency under the use of this medicine. I allowed also animal soup in place of the potatoe soup which she had been taking, and of which she had become tired. As her bowels again required being moved, I directed a suppository of molasses candy to be used. It operated once freely, but distressed her much. She was fatigued, sighed frequently, and her pulse mounted up to 96. I was again called

in, and gave her immediately a large teaspoonful of good port wine. Her pulse in 15 or 20 minutes fell to 80. It has remained from 70 to 80 since. The effects of the stimulant were really magical. To-day she is much more easily aroused, and remains awake longer at a time; takes more nourishment; pulse 70, and not intermittent; countenance somewhat flushed; tongue a little furred. Whilst I was in the room, she asked her father, "What is the half of 36?" her mind running on her mental arithmetic. A few days since, whilst my daughter was with her, she sang correctly a hymn containing a number of stanzas. My daughter supposed that she was sleeping. I note these physiological facts from their bearing on the case:

May 5th.—The case is now brought down to this day.

6th.—Emma was quite fully aroused at one time in the night; remained so about an hour; took her medicine well; took considerable of her chicken soup. I find her this morning in the following condition: perfect placidity of countenance; reclined on right side; temperature of skin perfectly normal; respiration no ways variant from health; stupor pretty profound when aroused, answers to questions very correctly; her pulse 76, last evening 65; bowels regular; urinates as usual. In addition to other remedies, I prescribed to-day one grain of iodide of potassium every eight hours. She has a very deep burn on her leg, which was produced by the cloth slipping off from a hot iron put by her in the bed to warm her, and the iron thus coming in contact with her. The coma was so profound that the burning did not arouse her. I find that there will be much sloughing from this burn; directed a poultice of sassafras and slippery elm. In raising up her eyelids I find there is neither dilatation of the pupils or strabismus, no more strabismus than what is natural to her.

7th.—Remains nearly as at last date. At one time her pulse got up to 96, but soon fell to 80, and then to 76, where it remained; continue all the medicine last directed.

8th.—Saw the patient but once to-day, my son having paid her two or three visits. When

I saw her her pulse was more frequent, over 90; stupor more profound. Directed suppository to be used again. Several had to be used before her bowels responded. She had one large evacuation. She was somewhat reduced by this operation, but soon rallied and appeared to be more conscious, and was more easily aroused. She takes enough food.

9th.—Patient has revived; the stupor has very much passed off; is easily awakened, and remains awake for some time together; pulse 86; face a little flushed; continue ice water to head; pursue the same general course; have increased *iodid. potas.* to 2 grs. three times a day; appetite is not quite so craving; tongue clean.

10th.—Emma seems as well as she has been; pulse about 90; coma is going off; takes more food; is perfectly rational; says that she "feels well."

11th.—Last evening Emma complained of pain in her bowels, perhaps from flatus; its seat is near the umbilicus; bowels are full, but not tympanitic. She is restless, wakeful, somewhat delirious; had this morning something approaching to a chill; the surface remained cold, and required the frequent application of warm bricks to restore the natural heat. Her bowels being rather confined and painful from flatus, I prescribed 5 drops tr. hyosciam. in a teaspoonful of castor oil. She has taken enough of her chicken soup. Her tongue is clean.

12th.—Emma's pain continuing, my son prescribed 25 drops t. opii camphor. It had a most soothing effect. The ol. ricini given yesterday operated five or six times; it did not weaken her much. She refers all her pain to the abdomen. This feels soft and very little tumified. She takes enough soup, is not near so drowsy; ice water still constantly applied by means of a bladder placed over several folds of muslin.

13th.—Emma is relieved of abdominal pain—is very drowsy, but can be aroused without much difficulty; when aroused is perfectly rational; pulse about 95; urinates involuntarily; bowels not moved to-day; advised enema. She takes enough nourishment; coun-

tenance good; continue ice to head and give wine, iodid. of potassium, and salicine in one-grain doses.

14th.—Patient has again become soporose; when asked how she feels, says "Good, but sleepy." Her countenance is natural, tongue a little furred, pulse 92. Her bowels again opened by castor oil; she still takes her wine; iodid. potass.; salicine, 2 gr. doses; soup.

15th.—Emma had a severe turn of pain in her bowels early this morning; my son saw her, and prescribed fomentations to abdomen, as hot as could be borne. I saw her about 9 o'clock; she was entirely relieved of pain, but inclined to coma. When asked how she felt now, replied "Good." Her pulse was 85; countenance good; no emaciation about the face; in fact, very little anywhere. The muscular system is flaccid; tongue pretty clean; takes enough soup. About three hours after this visit she fell into profound coma, from which she could not be aroused but by a large sinapism to epigastrium. This condition of coma must have lasted two or three hours. She emerged from it into the same condition which she had been in for the last few days.

17th.—Patient remains much the same as at last date. I did not visit her myself yesterday, but my son saw her repeatedly. She is much aroused from her comatose state. Her pulse is more frequent. My son directed 5 grs. of hydr. c. creta to be given night and morning; has taken it since yesterday; it moved her bowels freely to-day. He applied another blister to the vertex. She takes enough nourishment.

26th.—I had not visited Emma since last date before to-day. My son had seen her four or five times every day since. Her symptoms were very much as have been detailed. He had given hydr. c. creta two or three times a day, and had used ung. hyd. by inunction. It has been used for a week, but very little constitutional impression has been produced. There is some slight puffiness of the upper gums, but no mercurial fetor can be detected in her breath. To-day Dr. Willet, from German Valley, met with me in consul-

tation, in the absence of my son. Dr. Willet approved of the course which had been pursued. He advised to have her whole head shaved, and a blister applied from ear to ear, and free inunction with the ung. hydrarg., so as to get her system brought under the influence of the mercury as speedily as possible—to continue the salicine and ammonia.

31st.—My son has visited Emma three or four times a day. I have not seen her myself since 26th, before this afternoon. The alteration in her case is but trivial. A very slight mercurial impression has been produced. There is, however, no fetor of the breath, or puffiness of the gums, but there is an increased flow of saliva. She had this afternoon severe pain in her bowels, flushed face, hot skin, convulsive motions on her left side, pulse 115. Cold applications to her head frequently renewed, and 15 drops t. opii camphor., tranquilised the irregular motions, and calmed the excited circulation. Patient still remains very dull. She takes sufficient food.

June 2d.—My son having visited patient several times daily, I did not visit her myself until to-day. I found her moribund; pulse 150 and feeble; respiration ten in a minute, and irregular. She would breathe twice in rapid succession, and then a long interruption would follow before breathing again. She was comatose, and the power of deglutition was gone. The abdomen was distended with flatus. Life ebbed away so gradually that it was difficult to determine the precise moment at which it ceased. Pulsation in the radial artery was extinct more than half an hour before the carotid ceased to beat. No convulsive motions whatever occurred. It was exactly six weeks that she was sick, and somewhere about five weeks that she was comatose.

For reasons which it is unnecessary to detail, no post mortem was made until the fifth day—the third day after interment. The body was then disinterred, and conveyed to the church, which was close at hand. The coffin was then opened. No odor was emitted therefrom but that of the roses which had been placed there, and there was no evidence

of commencing decomposition. No alteration whatever had passed over the face. The body was taken out of the coffin, and laid upon boards placed on the tops of the seats. The autopsy was made by my son Dr. J. Vancleve Johnson, assisted by his elder brother, in the presence of the father of the child, Rev. Mr. Sturgis, three of the neighbors, and myself. The scalp was dissected from behind, forwards, and turned over the face. The cranium was sawed through above the frontal sinuses, and the divisions carried around on both sides to the occiput, which was also sawed through. The divided portion was broken from its attachments in the usual manner with the chisel, and the dura mater brought into view. This covering of the brain was exceedingly congested. When removed, the cortical part of the brain was also found highly congested. When the dissection was continued, so as to bring the ventricles into view, they were found distended with water. It gushed out and ran on the floor. There were several ounces of limpid serum. We found the *substantia alba*, or rather a portion of it, in the state of *ramollissement*. At the base of the cranium there was about a teaspoonful of laudable pus. No sanguineous extravasation, or tuberculous deposits were detected in any part of the brain. Perhaps, however, we did not look carefully enough for these last. The cerebrum was now removed, the tentorium opened, and the cerebellum taken out, but no disease could be detected in it. The autopsy being now closed, the cerebral mass was returned to its place, the skull cap put on, the scalp drawn over it and secured with a couple of stitches, and the child put back to its coffin.

Remarks.—The caption of my article in my case book was "congestion of the brain." I have thought it appropriate. The disease wore loosely the garb of meningitis; all its manifestations were anomalous. There was very little febrile movement, cerebral or gastric distress; no mental aberration or irregularity of the motor power until near the close of the disease; no cataleptic rigidity of the muscles. When the patient was awake her

mind ran continually on her studies, particularly on geography. The remote causes of this disease were undue excitation of the brain from too many studies; it was taxed above its powers. Then came on the fall, and the hearty evening meal to which I have already referred. I will make but a single remark with respect to the treatment. When I was first called in, a supporting treatment was indicated. *I felt my way with the ammonia.* Whenever the tonic remedies were withheld, the *vires vitee* flagged, and the pulse became more frequent, and its frequency was always reduced by their exhibition. Cold was constantly applied to the vertex by ice water, or by ice enclosed in a bladder.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Neill.

MAY 18TH, 1859.

Fracture of the Ribs.—The appearance of this patient, as he walked into the amphitheatre, exhibited some of the consequences of a serious injury, received ten days before. He had had a wound of the scalp and fracture of several ribs. The case was introduced to show that, by a certain treatment, fracture of the ribs after ten days becomes of no inconvenience to the patient. This is by encircling the affected side by wide adhesive strips, extending from the sternum to the spinous processes, encasing the entire ribs of that side, and restricting their motion. It is attended with great relief to the patient.

Union by bone had not yet taken place.

Injury to the Spinal Marrow.—The patient, a large, stout man, was brought to the Hospital, in consequence of a fall of some fourteen feet last Saturday night. When admitted, he was cold, his lower extremities paralyzed, and his pulse feeble and slow. There was a contusion upon the back, and some tenderness upon pressure.

It was a very important object to determine the nature of the injury; a man with paralyzed limbs, and the general temperature of the body reduced, is in a very serious condition, be the cause what it may.

Besides this state of the constitutional powers, the superficial veins of the lower limbs are swollen. This may have previously existed, or it may be a consequent of the injury. The abdomen became tympa-

nitic, whilst at the same time there was retention of urine and of the feces. The respiration was not good, loud, mucous rales; articulation difficult and imperfect.

The symptoms lead to the conclusion that there has been an injury to the spine. The question arises, what is the nature of the injury? Fracture, compression, concussion, or laceration? A knowledge of anatomy makes us aware of the fact, that the spinal marrow, with its membranes, is much smaller than the spinal tube through which it passes, and that outside of the medulla and its membranes there is a most delicate, vascular network of areolar tissue, which is easily infiltrated. There is also a retiform layer of veins on the walls of the canal, very liable to rupture, and in consequence there ensues an effusion of blood, which pressing upon the spinal marrow, interrupts the proper performance of its functions. As this effusion increases, the symptoms become more severe. This tearing of vessels and constant effusion has probably occurred in the present instance.

Prognosis.—I may say that it is always serious, not only immediately, from the interruption of the vital functions, but from secondary changes; ulceration of the back and sloughing; hectic symptoms; the urine becomes alkaline, deposits phosphates. The effusion may be absorbed, and the patient entirely recover, or the effusion may not be absorbed, and the impairment of function continue.

Treatment.—Restore the temperature of the limb by proper covering; empty the bladder and bowels; the recumbent position (in this instance the patient lies upon a water bed;) give tonic to the skin by washing with alcohol and water; afford (in the present case) a supporting diet; change the position gently, to prevent constant pressure in one spot; terebinthinate enemata to remove tympanitic distension.

The patient has slightly improved under this course of treatment.

Operation—Amputation of the Hand.—This patient was exhibited on the last day, with laceration of the hand, from being caught between two cars, without fracture of the bones, and not at that time involving the joint. It was thought best to give him a chance for recovery without amputation. He was a young man, the arteries were not torn, and the wrist joint not opened. Each individual instance of severe injury demands a separate analysis of facts and balancing of probabilities.

The case, however, progressed unfavorably. Extensive sloughing followed, and the opening of the radio-carpal joint and secondary hemorrhage have necessitated amputation.

His feeble and intermittent pulse contra-indicated

the administration of ether, and an anodyne of brandy and laudanum was given him.

A modification of the circular operation was performed. No sutures were used; it was not expected to unite by first intention. Dressing: Adhesive strips, lint, charpie and roller.

MAY 21st.

Periostitis.—The patient that now enters the room has an arm much inflamed. This expression gives but little idea of the nature of the affection. From the wrist to the elbow the limb is swollen, red, and the usual contour altered. The redness is at present not so uniform as it was a few days ago, but there is not now, nor has there at any time been, a focusing of the inflammation.

The diagnosis and prognosis of this case are of some interest. This is an idiopathic affection, not a traumatic; it commenced while the patient was at work. The swelling is edematous, therefore the subcutaneous structures are involved. Abscesses are often idiopathic, but in these the redness has a focus; moreover, we have fluctuation, and other distinctive marks that do not exist in the present case. We have here a deep-seated inflammation, which has lasted already some two weeks, and is accompanied with exacerbations of pain at night, and aggravated by pressure. The inference from these symptoms is, that we have an affection of the bone, or its periosteum.

Treatment.—Rest, emollient applications of iodide of potassium internally. If suppuration should take place, we shall immediately cut down and give exit.

Compound Fracture of the Humerus from Gun-shot

Wound.—This man has received a gun-shot wound, the ball entering the posterior aspect of the arm on a level with the insertion of the deltoid muscle, causing a compound fracture of the humerus. The bullet, which is probably of a small size, pursued an oblique direction through the tissues of the arm, and it was not possible, after swelling has occurred, to introduce a probe along the oblique tract and explore the wound. We have allowed the bullet to remain in the arm. This is the first practical deduction that we draw from this case, that it is not always necessary to lacerate, tear and cut a part to extract the lead. This is a popular idea, as you see from the newspapers. A man may have a bullet lodged in the tissues of his body, and experience no inconvenience; or suppuration may ensue, and the bullet at a subsequent time be within easy reach; or the bullet may become incased in a lymph capsule, and thus remain during life.

Our anxiety is to preserve the limb, not to find the bullet; and we apply the principle so frequently dwelt upon, to consider the soft parts. The arm

wrapped in a wet towel is placed in a light splint, made of wire netting, and the temperature reduced by irrigation.

A compound fracture made by a bullet is not so easily converted into a simple fracture, as when made by a spicula of bone or sharp cutting instrument; the tract of the bullet is a tube of dead tissues, and cannot close ere the dead parts have sloughed out, and new tissue formed by granulation. The diet should be nourishing.

Compound Fracture of the Thigh.—There is here a fracture of the femur, about the middle of the bone, with a wound upon the posterior aspect of the limb, communicating with the fragments. This case was shown once before, and is now brought forward to illustrate the changes that take place in a compound fracture of a large limb.

Although the limb is shortened and the foot everted, no extension or counter-extension has been instituted. This is in consequence of the condition of the soft parts, which are swollen, red and infiltrated by lymph and serum.

This is a compound fracture which cannot be converted into a simple fracture, as the tissues of the limb were crushed at the time of the original injury.

The lymph which has been effused, and is the cause of this great hardness and swelling will either be absorbed or converted into pus: it can disappear only by these means. There was a sanious discharge at first; to-day, it is of a better color. In many compound fractures the wound is to be closed at once; here it is to be kept open. If the edges are drawn together, the pus cannot escape.

In the *treatment*, the most supportive means are to be used; and his taste and appetite regarded. The thigh is enveloped in a large and soft poultice; the whole limb rests on a pillow.

[The remainder of this clinic will be given next week.]

William Hunter, in one of his introductory lectures, says: "I have always studied, and shall continue my endeavors, to employ the time that is given up to anatomical studies, as usefully to students as I can possibly make it; and therefore shall never aim at showing what I know, but labor to show and describe, as clearly as possible, what they ought to know. This plan rejects all declamation, all parade, all wrangling, all subtlety. To make a show, and appear learned and ingenious in natural knowledge, may flatter vanity; to know facts, to separate them from suppositions, to arrange and connect them, to make them plain to ordinary capacities, and above all to point out the useful applications, is, in my opinion, much more laudable, and shall be the object of my ambition."

Reviews and Book Notices.

Woman: Her Diseases and Remedies, a Series of Letters to his Class. By CHAS. D. MEIGS, M. D., Professor of Midwifery and Diseases of Women and Children, in the Jefferson Medical College; Member of the American Medical Association, etc., etc. Fourth edition, revised and enlarged. Philadelphia: Blanchard & Lea, 1859. pp. 706.

To one who has listened to Dr. Meigs in the amphitheatre of the "Jefferson," this work strongly recalls his peculiar manner of imparting instruction to his class. We can almost fancy that we are again seated on "those hard benches," with our beloved professor standing before us.

The fact of this being the fourth edition, is ample evidence of a due appreciation of its excellencies by the medical world. Nor is it a mere reprint of former editions; on a careful examination, we find much that has been added, though in one or two instances, perhaps, with a design of giving them a more extended notice elsewhere, we observe that new things have been passed over entirely. Thus, while on the subject of *vesico-vaginal fistula*, no mention is made of the operations of Drs. Sims and Bozeman. To be sure, he refers us to his translation of "Colombat" for a more extended notice, yet such an important matter as the above, should at least have been considered worthy of mention in a work like this.

In these days of universal education, when by some it is thought more necessary for our daughters to read Greek and Hebrew, than to cook or sew, we can most heartily commend to the especial study by mothers, the chapter relating to "Puberty," and more particularly, the conversation with a mother concerning her sick daughter. From such hints as these, may we learn why it is that our rising generation find it necessary so frequently to have recourse to the healing art; not, we are sorry to say, in the majority of instances, confiding their cases to a well-informed physician, but generally preferring to place implicit reliance on the published lies of the host of pretenders, who do so much to support our daily papers, while depleting the unfortunates who give ear to their infamous pretensions. Were the ideas of Dr. Meigs as thus set forth, more known, and where known, more regarded, our bills of mortality would be much lessened, *indirectly* and *directly*, by the almost total exclusion of the large number recorded weekly under the head of "still born." Too many of our young women are, by their total ignorance of, or dis-

regard for the rules of health, brought to such a state, as to prevent them from fulfilling in a proper manner their duties as mothers; and too often we see the lives both of themselves and their innocent offspring sacrificed to their own ignorance or negligence.

We cannot pretend to give our readers in so short a notice as the present, anything but a very succinct idea of the many good things to be found in this book, and shall therefore be content, in conclusion, to allude to the advice given by Dr. M. to the profession, never to make a decision concerning any of the diseases of women, until he is perfectly satisfied of the correctness of his diagnosis. The chapters in which he speaks of this matter, we would particularly commend to the attention of our brethren, as in more instances than one has it been our lot to hear of the innocent being called upon to suffer by the pointing of the finger of scorn, and conversely, of the physician being regarded as an ignoramus, from some unfortunate decision which might have been avoided by a more careful examination, or a less degree of haste.

It is quite refreshing to an American, to read of the frequent instances where learned obstetricians and physiologists abroad have *graciously* accorded to Prof. Meigs, the merit of having come to the same conclusion as themselves, etc., when the fact of the matter is, that they have been preceded in said discoveries by our venerable countryman.—But perhaps at a later day, truth may prevail, and the credit be given where it is justly due. It has too long been the habit of our transatlantic brethren to appropriate to themselves our inventions or discoveries, and it is to be hoped the day is not far distant, when America and Americans shall be known as the leaders in medicine, as they already are in many other branches of science.

The profession most certainly owe a debt of gratitude to the enterprising publishers, for the handsome manner in which this work has been prepared. The typography, paper and binding are admirable, and apart from any other consideration, to read such a book would be a pleasure to any one.

A Manual of Elementary Chemistry. By GEORGE FOWNES, F. R. S., etc., from the seventh revised and corrected London edition. Edited by ROBERT BRIDGES, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy. Philadelphia: Blanchard & Lea. 1859. 8vo. pp. 600. Price \$1.50.

The appreciation by the public of this most excellent book is shown by the fact that seven

editions have been called for in less than ten years. The present has been enriched with many new facts, and in the department of organic chemistry especially, presents us with an admirable sketch of the science. It is unquestionably the best text book on elementary chemistry now in print, combining, as it does, in a remarkable manner, conciseness of expression with fullness of fact and accuracy of statement. The American editor has done his work as he always does it—well.

Editorial.

WOMAN DOCTORS.

Certain interested parties and pseudo-philanthropists, have, of late years, busied themselves exceedingly in regard to the rights of woman, real and fancied. In the attempt to widen the field of her usefulness, the arena of medicine has been invaded, and she has been thrust forward as peculiarly adapted in many respects for the practice of medicine in general, and of the departments of obstetrics and the diseases of women and children in particular.

Never having recognized the necessity of aid from women in either the general or special practice of medicine, and believing that time would vindicate our position, and that of the large majority of the profession on this subject; we have pursued the policy of letting it alone, giving it neither countenance or opposition. Nor would we have departed from this policy now, had not the subject been very inopportunately, as we think, brought up at the recent meeting of the Pennsylvania State Medical Society. It is possible that public sentiment may be changed on this subject, and that in some degenerate age of the world women may be received into favor as practitioners of medicine. We do not expect or desire to see the day, yet we are willing to give the sisterhood every chance to develop themselves that they may wish, consistent with the inalienable *natural* rights of womanhood.

Everything finds its level—some things level upward, others level downward—and as there are certain functions and capacities of the male

sex that woman may try in vain to attain to, so there are certain occupations that she may aspire to in vain. We believe that the practice of medicine is one of them, but "we" may be mistaken. "Time discloses all things." It is a significant fact that in the last hundred years woman has lost ground, even in respect to the practice of midwifery and the diseases of women and children. And those who have been brought before the public in the last few years with such a flourish of trumpets, have also lost ground, if we mistake not, many of them being compelled to eke out their living by lecturing, or in the absence of capacity for that, by the practice of certain specialties of questionable moral or even legal propriety.

We do not deny that woman has intellectual capacity for other pursuits than household duties. We could not do it in view of the achievements of Mesdames Boivin and Lachapelle in midwifery, Miss Hosmer in sculpture, Miss Mitchell in astronomy, Miss Summerfield in natural science, Miss Strickland in history, Mrs. Fry, Miss Dix and Florence Nightingale in philanthropy, and finally, of her majesty Queen Victoria as a sovereign. Woman has mental capacity without doubt, but by certain immutable laws of her being, she is better adapted to fulfil one line of duties than another, and when nature adapts her lord to the fulfilment of the duties peculiar to the nursery, she may find something in the practice of medicine, and in other pursuits now by common consent regarded as "masculine," on which to employ her talents.

We regret that the subject was brought up in the Pennsylvania State Medical Society, and hope that no other society will follow its example. It gives penny-a-liners in our newspapers an opportunity such as they are always eager to embrace, to make capital with a certain class of people, and a good text to descant from, on the bigotry and narrow-mindedness of the medical profession. It has already been done in the instance on which we are commenting. With our admirable national code of medical ethics a special resolution on this subject was hardly called for.

The best policy, in our view, is to let the

women alone. Those who entertain the peculiar views which are the subject of these remarks, will have a hard enough road to travel before they will convince the community, or even many persons of respectability and of well-balanced minds of their own sex, of the necessity of their aid as practitioners of medicine, without the opposition of our profession. Let woman doctors alone—let them alone *severely*.

Correspondence.

CROTON OIL IN DROPSY.

The following note to Dr. M'Clurg, from a subscriber in Louisiana, has been handed to us for publication.

Marksville, La. 14th May, 1859.

Dr. J. R. M'CLURG,

My Dear Sir: It is with much pleasure, that I perused your article in the "MEDICAL AND SURGICAL REPORTER," on the use of Croton Oil in anasarca. I am happy to find my views coincided in by you in relation to the curative effects of that agent, in the several forms of dropsy which we are almost every day called upon to manage. For the last five years, I have used no other remedy in the treatment of some hundred cases of hydropic disease, and with almost a never failing degree of success. I use the oil internally, and when the stomach is too irritable to retain it, apply it by friction over the umbilicus; ascites is the form of dropsy wherein I have been more successful, in the use of the oil, it is now the only active remedy I am in the habit of invoking when called to a case of dropsy in incurable cases of the disease, dependent upon organic cardiac lesions. It is in my hands, a great palliative, allaying for the time being, some of the most urgent symptoms, such as dyspnea, sudden starting in the sleep, sense of precordial oppression, and other equally alarming phenomena, particularly when the case was hydrothorax. My patients' lives have been protracted to an indefinite period. I need not say anything in relation to the effects that resulted from the use of the croton oil in all my cases; they being precisely the same as those you have so carefully noted.

I am with high respect yours &c.,
G. E. ELMER, M. D.

Periscope.

FOREIGN.

By L. ELSBERG, M. D., of New York.

On Glaucoma.—We are very glad to be able to present the following clear, intelligible and comprehensive resumé of the most recent labors of *Græfe, Müller and Roser*, in reference to *Glaucoma*, etc. For the report of *Roser's* publication in *Wunderlich's Archiv.*, we are indebted to *Medizinische Neuigkeiten* of May 7; for those of *Müller and Græfe* in the *Archiv. f. Ophthalm.*, to *Schmidt's Jahrb.*; 59, 4.

Valve-mechanism in Glaucoma.—Professor *Roser* suspects that valve-action prevents in *Glaucoma* the reflux of blood from the ocular veins and thus explains many of the hitherto not understood phenomena. The two portions of the choroid coat, the anterior—attached to the zonula—and the posterior, or retinal, differ not only anatomically, but also in physiological and pathological relations. The anterior serves as the nutritive organ for the vitreous body; the use of the posterior, as far as known, is only to furnish the retina a dark and moist surface for after absorption of the rays of light.

In inflammation of the anterior there is a transudate in the vitreous humor; inflammation of the posterior yields an exudation in the free space between the choroid and retina. The first (for which *Roser* claims as proper name *Cyclitis*) causes compression of the retina from within by means of the swelled vitreous body; the posterior effusion, (*Hydrops choroideæ*) compresses the retina from without pressing it against the vitreous body. In *cyclitis* the corpus vitreum swells and the retina shrinks; in *dropsy* of the choroid the corpus vitreum shrinks and secondarily the retina also. Now in *Hydrops choroideæ* there is an outlet for the retreating liquid of the vitreous body, namely through the vessels of the iris; but in *cyclitis* the transudation in the vitreous body from the anterior portion of the choroid, occasions a remarkable intraocular pressure. This pressure seems not seldom to become so powerful that the venules of the retina as well as choroid are compressed and the emptying of the veins by the valvular mechanism thus brought about, prevented. Since the vessels run along the wall of the eye, even most of them penetrating the wall of the eyeball obliquely the occurrence of such valve-action on increased intraocular pressure certainly seems inevitable. This valve-action may come into

play with the anterior as well as with the posterior veins of the eye, the latter are however, especially exposed to it; the *Sinus circularis iridis* appears by its situation more guarded from pressure. The arteries continue to pump more blood into the already congested eye; while the compressed veins can return it but imperfectly if at all: and pulsation in the retinal arteries, venous stagnation etc. etc., hence arise. It is unnecessary here to repeat in detail all the phenomena since we have before and must again mention them, but all the symptoms so ably combined by *Græfe*, as characterizing "*Glaucoma*" the hardness of the eye, the retinal pulsation, the farsightedness, the limited field of vision, the occasional bursting of some of the retinal vessels, the excavation of the optic nerve, the symptoms of irritation and paralysis of the ciliary nerves, the dwindling of the iris, the consequent ciliary staphyloma together with lenticular obscuration, etc., must be ascribed, it seems, to *cyclitis*. According to this view of *Roser's*, the ontological and ambiguous epithet "*Glaucoma*" might for good cause be replaced by the anatomical denotation "*cyclitis*."

Roser further states that his valve hypothesis also explains the theory of *Græfe's* "curative method." Iridectomy evidently gives back to the eye its free circulation, and since a sufficiently extended excision must effectually prevent intraocular pressure, this leading to occlusion of the viens does not easily occur in an eye thus operated upon.

But a great deal connected with this subject remains yet unexplained; as the etiology of the inflammations of the choroid, their intermittency, the fatal symmetry of the disease etc. Professor *Roser* six years ago called attention to the fact that the so called intermittent ophthalmia of horses is nothing else than a choroiditis, and since this so frequent disease in the horse has precisely the same characters as choroiditis in the human subject, more exact observations of the former must it seems to us, throw much light on the latter, and we urgently impress its importance on all that have opportunities for making observations.

On deviations of level at the place of entrance of the optic nerve.—Excavation of the optic nerve is one of the most important changes within the eye, diagnosed since the invention of the ophthalmoscope. For its anatomical demonstration we are entirely indebted to *H. Müller*, the interesting results of whose ardent

labors we here present. M's method of examination is as follows: After careful removal and a small incision into it, the eye is allowed to remain for some time in a liquid which hardens it, then after preliminary examination uncut, a section is carried with a razor through the middle of the place of entrance, and both halves are studied with slightly magnifying power and transmitted sun-light. Finally he prepares thin sections cut in the same direction, which rendered transparent by Glycerine admit of stronger magnifying and may be preserved.

In the normal condition the optic nerve, entering the eye goes through the Lamina cribrosa of Albinus "the cribriform lamella, a circular spot, perforated with small holes, seen when the optic nerve is regarded from the inside, after removing the retina and choroid."¹ This is developed most strongly in the region of the internal sclerotic where the areolar tissue contains least pigment and most elastic elements. This plate, anteriorly (internally) slightly concave, is connected posteriorly with the septa of the fasciculi of the optic nerve while anteriorly it joins the inner layers of the choroid.

The fibres of the optic nerve before entering the lamina cribrosa usually lose their dark contours and the whole mass becomes so much narrower that the narrowest point of passage lies in the level of the choriocapillaries. The nerve fibres then pass by the outer layers of the retina which being wanting at the place of entrance an opening is formed which is the continuation of the funnel-shaped canal in the sclerotic. Finally the nerve fibres are reflected and expanded ray like on the inner face of these layers. Now it is pretty certain that in general the edge or rim of the place of entrance forms a flat elevation while in the middle where the main branches of the central artery usually appear, there is produced a small funnel shaped recess or deepening. The form and size of this deepening or hollow is subject to individual variation (the extreme cases having been as shallow as $\frac{1}{10}$ m'm't'r., and as deep as $\frac{1}{2}$ m'm't'r.,) which must be regarded within the bounds of the physiological, but the excavation must be considered *pathological, when it reaches the level of the choroid or extends still further.*

There are in view of configuration and cause two different forms of hollowing, viz: that occasioned by pure atrophy of the optic nerve and that by increased intraocular pressure.

¹ Dunglison's Dictionary.

1. *Excavation by atrophy of the optic nerve.* Two cases were observed by Müller. In one both eyes, excepting the retina, were perfectly healthy and in the retina only the nervous and the granulated layers were atrophied. The nerve-fibres being deficient from the N. Opticus, in their stead there was a small mass of indistinct fibres. The place of entrance presented a bucket-like, instead of funnel-shaped, excavation, the depth of which reached the level of the choroid. The blood vessels with the division into their main branches marked, were at the bottom of the cavity and crossed obliquely. In the second case the optic nerve consisted of strongly developed areolar tissue with a few granular nerve-remains; in the retina no nervous filaments were distinguishable, the granular layer atrophied but the other layers especially the radiating fasciculi were well preserved. The place of entrance was excavated, not bucket-but funnel-shaped which was caused by extraordinary development of the cribriform lamella.

2. *Excavation by increased intraocular pressure.*—Four such cases detailed by M. They have great depth of the cavity in common, this extending in all cases much beyond the level of the choroid. It must not be forgotten that only exquisite cases, i. e. those of complete or almost quite complete blindness could as yet be subjected to dissection. The total depth of the cavity may amount to $\frac{3}{4}$ Mm. being $\frac{1}{2}$ Mm., beyond the choroideal level. In one case of Glaucoma the cavity extended $1\frac{1}{4}$ Mmt. beyond the level of the choroid. The sides of the cavity in these cases are very steep.

In conclusion, Müller mentions the different causes and cases of projecting colliculus which he is still examining and which we will report at a later stage of his observations.

Further examination is also necessary to determine the relation between the increased intraocular pressure and the power of resistance at the place of entrance in the individual cases, a relation of great importance in glaucoma, Jäger looking indeed, for the cause of the excavation of the nerve entirely in a diminution of the power of resistance of the tissues caused by local affection. (See REPORTER, Vol. II., p. 132.)

(Remainder next week.)

From the German, by THEODORE A. DEMMÉ, M. D.

Tannin in Bright's Disease.—In the Arch. Gen., Jan. 1859, Garnier gives the history of three cases of Bright's disease that were under his own care, and six cases garnered from the

journals, in which tannic acid was freely used.

His conclusions are: 1st. Tannin in doses of from 2 to 4 grammes daily is able to cure Bright's disease: 2d. Its curative action is shown in a diminution of the albuminurea, improved cutaneous transpiration, regularity of the bowels and increased appetite: 3d. These effects are perceptible on the 2d day of treatment: 4th. Does not impair digestion: 5th. These effects are the result of the action of the acid in favoring the coagulability of the blood, and in exerting a tonic and astringent power upon the blood corpuscles.

New Function of the Placenta.—Bernard, as is well known, has shown that the liver is a great sugar making organ. Now, as in the commencement of embryonic life, no sugar can be detected in the liver, although the membranes and tissues of the embryo contain a considerable amount of sugar, the question occurs, whence does this sugar come? Not from the mother; for that, which is formed in her economy, is destroyed in the circulation ere it can reach the offspring.

Bernard is convinced that the placenta is the sugar manufactory, vicarious to the liver. He asserts that he has found in the placenta a mass of tissue composed almost entirely of cells to which the sugar making function is ascribed.

Digital Compression in External Inflammations.—Tansetti in Padua has written an intensely interesting article upon this subject. He speaks in the highest terms of the efficacy of the above treatment in external inflammations, and relates several cases in which inflammation was promptly subdued by checking the arterial supply to the part. In erysipelas phlegmonosum of the left arm, pressure, steadily maintained upon the subclavian artery effected instantaneous relief from pain, and a prompt cure by resolution. Acute inflammation of the wrist was visibly favorably modified by pressure upon the humeral artery: the same result attended the pressure upon the crural artery in a case of gonarthrocace.

One of the foreign journals gives a case of vomiting of blood consequent upon *Varices in the Oesophagus*. This makes the 2d case of this affection that has as yet been described. The diagnosis of the disease can only be arrived at by exclusion.

Chorea.—Bouchut (*Gaz. des Hôp.*) has found in obstinate cases of this affection arsenic and strychnia at times very efficacious. One case was cured by the former after the latter had failed, and vice versa.

Condensed from recent English journals, by T. A. DEMMÉ, M. D.

Median Lithotomy.—In accordance with a request of Mr. Allarton, Claude Wheelhouse has published in the *Lancet* the account of three cases of median lithotomy. In the course of the article the following remarks are made.

Experience has shown that there is far greater dilatability of the prostatic urethra than was formerly supposed, and it is upon this that the superiority of median over lateral lithotomy depends. The structure of the prostate points to the probable explanation of this property. The microscope has revealed that, so far from being truly glandular in its structure, very little real gland tissue is found in it as compared with involuntary muscular fibre. Prof. Ellis asserts that it has a direct sphincteric action on the contained urethra. The great extent to which involuntary muscular fibre will dilate under steady pressure is well known to surgeons.

It is by taking advantage of this great dilatability and avoiding any division of the prostate at all, that one of the greatest dangers of lithotomy is shunned.

Imperforate Anus.—Dr. Dickinson (*Lancet*) relates a case of the above arrest of development. The patient was an infant four months old, and the stools had always passed through the penis. The normal urethral opening was also impervious; but there was a transverse opening at the base and under surface of the glans penis, through which the urine and feces passed in common. Where the anus should have been, was a button-like depression, the skin at this part being finer and thinner than the surrounding tissue.

A crucial incision was made about half inch deep, and a trochar and canula introduced, in a direction upwards and backwards, which fortunately hit upon the gut as evidenced by the escape of the feces. The canula was maintained in the orifice.

Unfortunately the canula slipped out and the feces again passed per penem. The operation was repeated, after which the feces were evacuated per anum.

*Serous Bronchocele treated by Puncture—*Ferguson.—The cystic variety of bronchocele is interesting from its rarity as compared with the hypertrophy of the thyroid gland.

A young woman was recently admitted into King's College Hospital, with a considerable enlargement of the thyroid, but mainly depending upon the presence of a cyst, which had been progressing for 15 years. The growth was prominent and well defined, soft and fluctuating.

Mr. Fergusson after giving chloroform divided the super-strata of tissue, and then the cyst, when out gushed a large quantity of dirty, brown-colored, serous fluid. The cyst was stuffed with lint, and compresses and bandage applied.

Syphilitic Inoculation.—At a meeting of the Med. Soc. of London, Mr. Henry Lee had an opportunity of expressing and explaining his views upon the above subject.

In 1856, Mr. Lee had shown that sores affected with the specific adhesive inflammation (indurated) were *not* inoculable, as a rule; and as these were the only sores which were ordinarily followed by secondary symptoms, the inoculability of their secretion was a reason *against* the administration of mercury, and not for it.

AMERICAN.

Amputation at the Hip Joint.—The *Boston Med. and Surg. Journal* reports an amputation at the hip joint, by Dr. J. M. Warren, the first which has resulted successfully in that city. The disease was osteo-sarcoma of the femur, extending from its middle to its neck. "The ordinary method by transfixion being impracticable, and in view of a dissection of the tumor from its attachments, a large flap of skin was raised from its front part, the incision commencing at the root of the scrotum, and terminating just above and in front of the great trochanter. The flap was now dissected up quite to Poupart's ligament, the fascia over the artery opened, the vessel exposed, a ligature passed around it and tied. An incision was now made on the back part of the thigh, corresponding with that in front, and the flap partially raised. With a short, strong knife, the muscles running from the pubis to the inside of the tumor were cut through, and those on the outside treated in a similar manner. These incisions loosened the thigh, which had before been confined, and allowed it to be depressed and rotated outward. It was necessary

to do this to a great extent, on account of a lobe of the tumor projecting over and obscuring the articulation. The knife was next applied to the capsule, which was divided, the round ligament snapping off at the same time, from the powerful force applied to it. The bone was then disarticulated, the great muscles of the thigh cut through behind, and the limb removed. A very large sponge was thrust into the wound, to prevent bleeding, while the smaller vessels in the flap and trunk were secured. By the skilful compression of the aorta, the immediate seizure and compression of the flaps, together with the previous ligature of the femoral, scarcely any blood was lost. The vessels in the flaps were successively tied as they were uncovered by the sponge; it was also found necessary to secure the great femoral vein. The lips of the wound were brought together by a number of sutures, a compress was applied, and a very large sponge, to make gentle compression and fill up the deep cavity in the side of the pelvis, over this a towel, and the whole firmly secured by a bandage. The operation was necessarily protracted much beyond the usual time of an ordinary disarticulation, yet after its termination, and just before the removal of the patient from the table, his pulse was as good as before the operation was commenced.

Medical News.

Medical Prizes.—We learn from the *Lancet* that the Imperial Medical Society of Toulouse has awarded its gold medal to Dr. Edwin Lee, M. R. C. S., Eng., one of its foreign members, for his essay, "Sur les Paralysies sans Lésion Organique appréciable." Dr. Lee also obtained the Jacksonian prize, for his essay "On the Comparative Advantages of Lithotritry and Lithotomy," and more recently two medical prizes from Milan and the United States.

The Council of the College of Surgeons of London have announced the following as the subjects for the Jacksonian prizes for 1860, viz: "The Healthy and Morbid Anatomy of the Prostate Gland," and "A Description of the Diseased Conditions of the Knee-joint, which require Amputation of the Limb, and of those conditions which are favorable for Excision of the Joint, with an Explanation of the Relative Advantages of both Operations as far as can be ascertained by Cases properly authenticated." The Collegial Tri-

ennial Prize subject is, "On the Anatomy and Physiology of the Supra-renal bodies."

The Delaware State Medical Society met at Dover on Tuesday, June 14th, about thirty members being present. Dr. D. W. Maul, one of the Vice-Presidents, occupied the chair.

Several gentlemen were licensed to practice, and received as members.

The following were elected officers for the ensuing year:

Dr. Dailey, President; Dr. H. F. Willis, Vice-President; Dr. Sharpe, Secretary; Dr. H. F. Askew, Treasurer. Censors and Boards of Examiners were also appointed, and Delegates elected to the next meeting of the American Medical Association. Dr. Porter was appointed orator for the next meeting.

An entertainment was provided at 7 o'clock in the evening.

[Very good as far as it goes; but could not thirty gentlemen produce an essay or two, or at least get up a discussion on some medical subject? We hope next year to give a better account of our Delaware neighbors.—EDS.]

Dr. Hugh Oglesby, of Madison, Georgia, has made a valuable and interesting addition to the Museum of the Atlanta Medical College.

Larrey, Father and Son.—Baron Henry Larrey, says the *London Lancet*, son of the well known Larrey, who was so highly esteemed by Napoleon I, is, at the present time, as was formerly his father, Director-General of the Army Medical Department in Italy. Before entering upon the campaign, he presented the Parish of Boudéan (Lower Pyrénées,) with the house where his father was born, and founded a home and a school for the children of that village, by means of an annuity of £20 a year, in the French funds.

Dr. *Theodore A. Demmé*, of this city, has been appointed Demonstrator of Anatomy in the Pennsylvania Medical College.

Battle of Montebello. The *Medical Times and Gazette* says, one of the French surgeons, writing home, states that there were, after the Battle of Montebello, 800 wounded soldiers under treatment—500 French and 300 Austrians. The new projectiles give rise to the most extraordinary injuries; and even now it

is easy to foresee that many more operations will have to be performed during this campaign than when the round balls were in use. The sanitary condition is very good, and the morale of the wounded is excellent, the French "gaiety" not abandoning them, even amidst their sufferings.

Dr. *Thomas W. Evans*, of Paris, having made application to the Sardinian Government in regard to the medical and surgical wants of the Sardinian army, in view of the employment of American surgeons, the Minister of that government has responded to the effect, that while government appreciates the good feeling that prompted the offer on the part of the American surgeons, the wants of the Sardinian army are, for the present, supplied.

ANSWERS TO CORRESPONDENTS.—Dr. *K., Cedar Falls, Iowa.*—Vaccine virus has been forwarded by mail.

Dr. *P., Englishtown, N. J.*—The price of Dr. Meigs' *Woman and her Diseases* is \$3.65. See notice of the new edition in this number. We begin your subscription with April 2d. Besides beginning a volume, it secures our important series of illustrated articles on *Anatomy*, in its relations to Medicine and Surgery, and Hardy's *Lectures on Diseases of the Skin*.

Dr. *W., Pittsburgh, Pa.*—The silver wire was forwarded by mail on the 21st.

MARRIAGES.

CANFIELD—GAMBLE.—At Morristown, N. J., June 8th, by Rev. Robert M. Merritt, Lieut. Wm. M. Gamble, U. S. N., to Eliza W., daughter of J. W. Canfield, M. D.

GALT—BAYLOR.—In Augusta, Ga., May 12th, by Rev. E. E. Ford, T. G. Baylor, U. S. A., to Miss L. E. Galt, daughter of Dr. John M. Galt, of Augusta Arsenal, Ga.

LEEDON—REYNOLDS.—In New York, June 16th, by Friends' ceremony, John Moore Leedon, M. D., of this city, to Virginia, daughter of James S. Reynolds, Esq., of New York.

PATTERSON—FOBES.—On the 16th inst., by the Rev. Henry Darling, James V. Patterson, M. D., to Margaret W., daughter of George W. Fobes, all of this city.

PEIRCE—LUKENS.—On Fifth day evening, 16th of the 6th mo., 1859, at the residence of the bride's mother, by Friends' ceremony, John Moore Leedon, M. D., to Sallie A. Lukens, both of Bristol.

SHACKELFORD—POPE.—May 12, Lee Shackelford, M. D., of Lauderdale Co., Miss., to Miss Maria L. Pope, daughter of Judge Pope, of Covington Co., Miss.

The young bride died June 6th, three weeks and four days after marriage.



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S

MECHANICAL SURGERY,



NO. 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

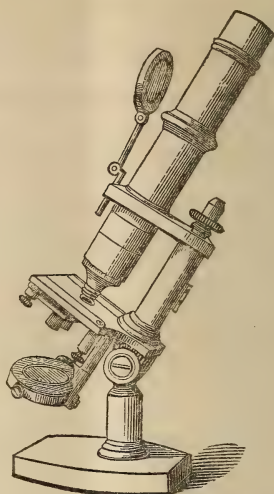
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Plars, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Uri nometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—1y

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA
SURGEONS' BANDAGE

INSTITUTE,
(PATRONIZED BY THE MEDICAL FACULTY.)

No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequaled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages. Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin Square. Artificial Teeth in entire or partial sets; Obturators, Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

127

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

This Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
 2. Original Communications;
 3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
 4. Reports of papers read, and discussions had before Medical Societies;
 5. Brief Reviews and Notices of Books;
 6. Editorials;
 7. Correspondence;
 8. A Weekly Domestic and Foreign Periscope;
 9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.
- Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 in advance; single copies, ten cents. (The REPORTER will only be sent to those who pay for it. Notice will be given to subscribers at the termination of their subscriptions. Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D.,
R. J. LEVIS, M. D., } Editors.

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. K. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago.

Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are ten volumes, and they contain a very large amount of practical information, besides a large number of steel engraved portraits of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

J. M. MIGEOD,

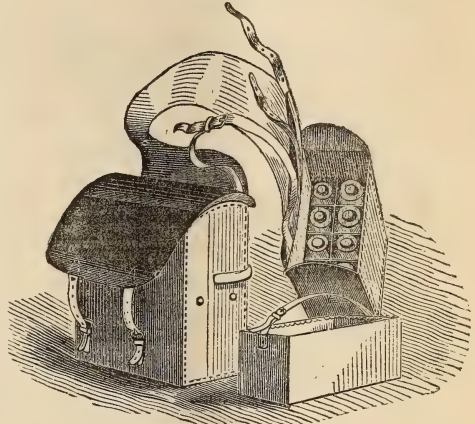
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop Bottles and	
	12 1/2 oz. " " " and	\$9 50
No. 2, containing	10 1 oz. " " " and	8 50
	10 1/2 oz. " " " and	
No. 3, containing	8 1 oz. " " " and	7 50
	8 1/2 oz. " " " and	

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop Bottles,	
" " "	18 1/2 oz. " " " and	
" " "	1 Mortar, " " " and	\$19 00
No. 2, containing	21 1 oz. Ground Stop Bottles,	
" " "	14 1/2 oz. " " " and	
" " "	1 Mortar, " " " and	\$15 50
No. 3, containing	18 1 oz. Ground Stop Bottles,	
" " "	10 1/2 oz. " " " and	\$12 00
" " "	4 Pots, " " " and	
No. 4, containing	20 1 1/2 oz. Ground Stop Bottles and	\$8 50
" " "	2 Pots, " " " and	
No. 5, containing	15 1 oz. Ground Stop Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop Bottles,	
" " "	18 1 oz. " " " and	
" " "	18 1/2 oz. " " " and	
" " "	1 Mortar, " " " and	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop Bottles,	
" " "	14 1 oz. " " " and	
" " "	14 1/2 oz. " " " and	
" " "	1 Mortar, " " " and	\$16 50
No. 3, containing	14 1 oz. Ground Stop Bottles,	
" " "	14 1/2 oz. " " " and	\$13 00
" " "	4 Pots, " " " and	126 y



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the World's Exhibition in London and New York. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S

MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

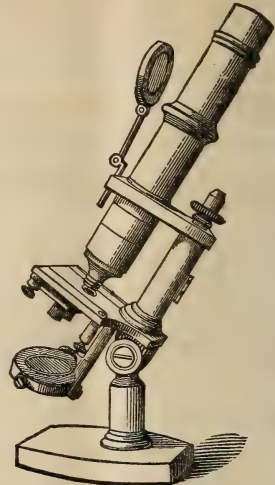
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—1y

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA
SURGEONS' BANDAGE

INSTITUTE,
(PATRONIZED BY THE MEDICAL FACULTY.)
No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

Surgical and Mechanical Dentistry.

J. P. WYMAN, M. D., No. 633 Vine Street, opposite Franklin Square. Artificial Teeth in entire or partial sets; Obturators, Plates to supply deficiencies in the jaw, whether congenital or the result of surgical operations; and all operations on the teeth.

127

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 141.

PHILADELPHIA, JULY 2, 1859.

{ NEW SERIES,
VOL. II. NO. 14.

Original Communications.

ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 7.

CRANIAL REGION (continued).—Behind the auricle, and bounded above by the line where the hair stops, is situated the mastoid part of the lateral region of the head. Its skeleton consists of the mastoid portion of the temporal bone, which is received at this place between the two diverging limbs of the lambdoid suture.

The bone is continued down into a nipple-shaped process, nearly parallel with the cranial centre of gravity. A line drawn from one process to the other will cross the posterior half of the occipital condyles. If a cranium be placed upon a plain surface, the processes and occipital condyles will be found very nearly on a uniform level. Immediately below these processes, in the articulated skeleton, and which can be felt through the soft parts, are the transverse processes of the atlas; and anterior to the processes between them and the styloid processes, are the stylo-mastoid foramina, through which emerge the facial nerves.

The *skin* over this region is moveable, and in delicacy not unlike that of the temple.

The *superficial fascia* is pretty firmly connected to the subjacent parts, contains a very

moderate amount of fat, and has lodged in it blood vessels and nerves and lymphatics; beneath it is situated the retrahens muscle of the auricle.

Arteries.—These come from the posterior auricular, and sometimes a small branch from the occipital, neither of which are of any considerable magnitude.

Nerves.—Several twigs are spread over this region, originating from the cervical plexus. They are the *auricularis magnus* and *occipitalis minor*. Two or three small lymphatic glands lie in the fascia, which receive such lymphatic trunks as pass from the head over this part.

Practical Remarks.—Excoriations are frequently seen here in children. These do not follow from any determining organization of the skin. If carefully investigated, such will be found to commence in the auriculo-mastoid groove, where the surfaces rub together, and from thence extend over the other part of the region, either by the irritating nature of the discharge or extension of inflammatory action.

Blisters are frequently applied here in inflammatory affections of the eye. There is no direct vascular connexion rendering the locality specially desirable. The chief advantage would be in the ability to conceal the sores by the hair being combed over. Swellings are very painful from the abundance of nerves and the unyielding base on which they rest, hence the immediate relief following early incisions. As the arteries are small, wounds here are attended with trifling hemorrhage, but their free inosculation with branches supplying the organ of hearing, makes this situation admirably suited for either leeches or counter irritation in inflammatory states of that organ.

The small tumors occurring here in children are enlargements of the lymphatic ganglia, and betoken a scrofulous dyscrasia.

Paralysis of one side of the face follows sometimes a blow over the mastoid prominence from the swelling compressing the main stalk of the facial nerve, where it escapes from the stylo-mastoid foramen. (See fig. 15.)

Attached to the mastoid process are the occipitalis, sterno-cleido-mastoid, splenius and trachelo-mastoid muscles. Their tendons form a very unyielding expansion. The periosteum next in order is very firmly connected to the bone, and is pierced by a large emissary vein, which passes through the bone emptying into the lateral sinus. Very many blood vessels enter the bone at this region.

Practical Remarks.—The musculo-aponeurotic expansion will offer an insurmountable resistance to any purulent collections which may form beneath it, and unless liberated by an incision extending to the bone, would travel downward into the neck. From the direct communication between the integuments and the lateral sinus through the mastoid or emissary vein, the abstraction of blood over this part would relieve directly the intracranial circulation.

The next layer is the bone. Where it is received between the two limbs of the lambdoid suture, a deficiency occasionally exists, filled up by a membrane constituting a fontanelle. In the adult, if the external table be removed, numerous cells are opened, which occupy the whole interior. These are the *mastoid cells*, which communicate with the tympanum.

Practical Remarks.—Through the membranous space already alluded to a portion of the encephalon may protrude, forming a hernia. An abscess in the mastoid cells might be evacuated by removing with a trephine the external wall of bone. In cases where the Eustachian tube is closed, it has been proposed to puncture this mastoid table in order to admit air into the tympanum instead of making an opening through the membrana tympani. Blandin relates the case of Just, physician to the King of Denmark, who lost

his life from this operation being followed by erysipelas, though this result should have little weight in preventing its repetition where a case seemed to indicate its employment, as it might follow from any very slight injury to the scalp. The space existing between the two osseous layers of the mastoid part of the temporal bone will admit of great depression without producing any compression of the cranial contents. As the consequences of scarlet fever are often so destructive to the organ of hearing by inflammation extending into these passages would not counter irritation practiced early over this region in all cases of the severe forms of the disease, exert a salutary prophylactic influence by forestalling the tendency?

Cranial Bones.—As there are accidents affecting the continuity of the bones of the cranium, I may proceed to state a few facts in its mechanism, which will, in a majority of cases, determine the seat of injury. The influence of form, articulation, composition, groittings, &c., have already, in a former paper, been sufficiently insisted upon. Fractures will occur either in the vault or the base, or may extend from one to the other. When they occur at a point distant from the applied violence, they are said to be produced by *contre-coup*.¹

Fractures in the Vault.—With a view to illustration, the cranium may be considered as consisting of two arches, with their bases applied to each other, on a level with a section passing through the walls just above the superciliary ridges in front, and the occipital protuberance behind. The summit of the upper arch will be the sagittal or interparietal suture, that of the lower will be the middle of the base. Fractures which involve the upper arch will be likely to occur at the two extremes, or the summit. If a force be applied on the forehead, and there be no resistance but the inertia of matter, the fracture will most probably be at the point of application. If, however, at the time such force is received, the head should be against some immovable obstacle, then the force and resistance being equal,

¹ For the study of this subject, a head with the calvaria removed should be obtained.

the fracture might be expected to take place at both points, or inasmuch as the blow and counter blow tend to shorten the base by approximating the extremes of the arch, it may occur at the vertex, midway between the two. Viewing this superior arch laterally, it might be supposed that fissure from violence on the top of the head would occur at the upper part of the temples; this is, in a great measure, prevented by the temporal ridges, but is liable to take place below in the squamous part of the bone, because in this part it is well nigh altogether formed of compact tissue.

Fracture in the base.—To properly appreciate this subject, let the reader take a skull, and remove first the vault, and then the bones of the face. If it be now examined on its cerebral surface, three fossæ or terraces appear, related to each other as anterior, middle and posterior. In the same order they sink one below the plane of the other. The first is over the orbits, supports the anterior lobes of the cerebrum, and is divided into symmetrical halves by the interposition of the ethmoid bone, to the crista gallæ of which is attached the falx major, and on the cribriform plates of which rest the bulbs of the olfactory nerves, and the nasal branches of the fifth pair. These plates form a part also of the roof of the nasal cavities.

Practical Remarks.—A fracture which penetrates this anterior fossa will be characterized by leakage into the orbit with infiltration of the submucous tissue of the eyes and eyelids, with discharge of blood into the nose, and may affect the smell or the common sensibility of the nose by disturbing the olfactory lobes or nasal nerves.

Middle Fossa.—This terrace is over the pharynx, supports the middle cerebral lobes, and is separated also into two halves by the body of the sphenoid bone, which presents an olivary process for the optic commissure, and a sella turcica for the pituitary body and circular sinus. On either side are numerous foramina, through which pass the optic nerves and ophthalmic arteries, the third, fourth, ophthalmic division of the fifth, and the sixth pairs of

nerves, together with the ophthalmic veins, the superior and inferior maxillary nerves, and great meningeal arteries. The cavernous sinuses and internal carotid arteries occupy a groove on each side of the body of the sphenoid bone.

Practical remarks.—Fractures affecting this fossa may therefore be attended with impairment of vision, rupture of a sinus, hemorrhage into the pharynx, or from the nose—if through the body of the sphenoid, the cells of which communicate with the nasal fossæ—disorder of sensibility in the parts supplied by the fifth pair, paralysis of the muscles of mastication, which are endowed from the motor root of the same pair of nerves, (fifth,) paralysis of the muscles of the eyeball, supplied from the 3d, 4th and 6th pairs, lesion of the carotid or meningeal vessels, etc.

Posterior Fossa.—This terrace is over and behind the spinal canal, and sustains the two hemispheres of the cerebellum. The basilar process, occipital foramen, and lower arm of the occipital cross separate it into two halves likewise, and in the same order they accommodate the medulla oblongata, medulla spinalis, with its membranes, the vertebral blood vessels, spinal accessory nerves and occipital sinuses. On either side of these central structures are grooves for the lateral and inferior petrosal sinuses and openings for the hypoglossal nerves, (anterior condyloid foraminæ,) also for the auditory and facial nerves, (meatus auditorius internus,) and 8th pair, (jugular foraminæ.)

Practical remarks.—Fractures passing into this fossa may be followed, by derangement of deglutition, or respiration, from injury to the medulla oblongata; irregularities in muscular movement; paralysis of the extremities by implicating the spinal marrow; of the tongue, from injury to the hypoglossal nerves, or the face from injury to the facial, or the hearing from accident to the auditory, and various anomalous phenomena in the sense of taste through the glosso-pharyngeal, in the voice, action of the heart, lungs, and functions of the

abdominal viscera through the pneumogastric nerves, and finally to the sinuses.

Fracture at the Base.—Now what circumstances in the association of the cranial bones are there, which necessitate in a great measure the locality, and direction of a fracture at the base? While the differences in these bones are most apparent, yet, when all the modifying influences of structure and connection are summed up, the principle of compensation is so equally adjusted, that if there was one point on the vault equidistant from a given point at the base, vibrations excited among the atoms of the cranium at the former would reach nearly at the same time the latter, hence when any force is applied to the head the resulting momentum will be conducted to the base by the shortest route. If the cranium be considered an arch the two ends of the span antero-posterior (that is the frontal bone in front, and the basilar process of the occipital behind) will rest against and be separated only by the interposition of the sphenoid bone. Examined in a lateral view the same is in a great measure true, the arch from side to side is supported by the sphenoid bone.

Now to practically apply this observation, a force coming in contact with the head not further back than the coronal suture would reach the base from both arches in the middle cerebral fossa, and if a solution in the continuity of the bones occur at all it will most probably be in this fossa.

But suppose the violence be received above the root of the nose at the lower part of the forehead, what particular points of resistance are provided? On either side are placed strong abutments in the malar bones which are propped against the external angular processes of the frontal, and behind the wings of the sphenoid bones, and as a consequence of these defences the fracture will be determined between the two, which would direct it through the roof of the orbits or into the anterior fossa.

Again if the force be inflicted at the posterior part of the parietal bones or upper portion of the occipital, travelling by the shortest way towards the base, it will enter the posterior fossa where the fracture will take place.

The posterior and middle fossæ are separated by the petrous part of the temporal bone. The apex of this bone rests against the basilar process of the occipital, so that when violence is received on the lower part of the back of the head it will be delivered upon its extremity, and the break will be transverse or at right angles to its long axis opening therefore the two fossæ into one, and involving in some degree or other the two petrosal sinuses, the internal carotid artery and the seventh pair of nerves.

In front of the petrous is the squamous part of the temporal bone which rests against the wing and spinous process of the sphenoid, so that if a blow be implanted on the side of the head, on, above, or behind the ear, the resistance being at the summit of the petrous and inner edge of the squamous portion, the fissure will be between the two or in the direction of its long axis.

Case of Perocephalus, and Concretions of Phosphate of Lime in the Placenta.

By W. SPILLMAN, M. D.,
Of Columbus, Mississippi.

On the 27th of May, 1854, I was called in to see a well formed robust mulatto woman; found her in labor, second confinement. Was informed that her first confinement took place in March, 1853, her age at that time being about 18. Was also informed that she was delivered (still-born) on the third day, and that the child was literally covered with small blisters. On an examination per vaginam, found the os tincæ well dilated, membranes protruded and considerably distended. In an hour or two the membranes ruptured, and a considerable amount of liquor amnii was discharged. Another examination was then made, and to my astonishment, I could only discover what appeared to be a spherical coraceous membrane, filled with a fluid, but too large to pass the brim of the pelvis, and only slightly protruding during the time of a pain. After some time I was able to discover what appeared to be the edges of loose bones, that shifted their position in the fluid mass, which led me to suppose that it was a case of hydrocephalus. As soon as I was satisfied that the

presentation was that of a malformed and much enlarged head, I proceeded to administer chloroform, and made an incision in the scalp with a pointed bistoury; (being seven miles in the country and having no instruments with me but a pocketcase). As soon as the incision was made there was a sudden gush of over a quart of blood intermixed with a portion of the brain in a ramollissement condition: after which the delivery was immediately completed, the contraction of the uterus continuing even when the patient was under the influence of chloroform.

Condition of the child. Body and limbs of full size, normal as far as observed, except numerous blisters filled with a limpid yellowish fluid. Frontal, temporal, and parietal bones imperfect; parietal bones without any attachment. Placenta very large, containing a number of concretions of phosphate of lime, resembling scales or spiculæ of bones. The tunica at its attachment with the placenta was involved in an indurated abscess, together with a concretion nearly as large as a finger nail. I still have the placenta preserved in alcohol.

On the 27th of August, 1855, I was again called in to the same woman, found her in labor, pains feeble, no evidence of life in the foetus.

28th. Condition about the same, prescribed a dose of castor oil.

29th. Pains more active, liquor amnii discharged. Presentation right shoulder; as the woman was threatened with severe hæmorrhage, I administered a dose of ergot, and at once proceeded (after determining that the head was not too large,) to turn and deliver by the feet. Child still-born; normal as far as could be observed, except like the previous cases, covered with blisters, filled with a yellowish fluid. Placenta normal. In each of the above named confinements, the woman did well, recovering her strength in a short time.

Her fourth confinement took place in the summer of 1857; she was not delivered until the ninth day after labor commenced, and as previously the child was *still-born*; the third

day after, the woman died. Particulars not known.

After the third confinement of this woman, I obtained from her the following account. That her health had always been good; never had any symptoms of gonorrhœa or syphilis; (this was also corroborated by her owner, Mrs. B.,) that the father of her first child was a white man, and with whom she had frequent intercourse. (*This man to my own knowledge had suffered considerably with both gonorrhœa and syphilis*;) that after her first confinement she married a black man, who as she stated was the father of her subsequent children.

Query.—Could an abnormal condition of the uterus in this case have been produced by the vitiated semen of the father of the first child of this woman?

The mother of the woman under consideration is a light mulatto, her father a black negro, both of whom are still living, and quite healthy.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Levick.

MAY 21ST.

Pleurisy and Phthisis.—A pale, thin, cadaverous looking man. Some months ago he was seized with a sharp pain in the left chest, and at the same time he complained of a slight cough. There has been but little expectoration. In addition to these symptoms there has been a loss in his weight of at least 22 pounds since the onset of his disease.

Upon measuring the two sides comparatively, there is found to be about an inch difference. The side that is the largest gives decided dullness upon percussion, and little or no respiratory sound can be heard.

There is no question as to there being pleuritic effusion in the left chest. The effusion is considerable in amount; if there were but a slight collection of fluid in the pleural cavity, the vocal resonance might be so modified as to produce *egophony*, that peculiar sound of the voice produced by its passing from a lung partially compressed by a liquid.

Yesterday there was a crackling heard at the upper portion of the lung, and this, taken in connection with the feeble respiration, leads to a very serious diagnosis.

There is also an interruption to the entrance of air into the pulmonary vesicles, giving rise to a peculiar jerking inspiration; this indicates the existence of some obstacle to the respiration, and this obstacle is the result of tuberculous deposition.

Pleurisy, not unfrequently, is due to the presence of tubercles on the pleural surface, a fact we should carefully bear in mind when prescribing for any case, as mercury, which is recommended so highly in ordinary pleuritic effusion, would be strongly contra-indicated if the disease were of tuberculous origin.

Treatment.—Cod liver oil and the iodide of potassium.

[The rationale of the action of these medicines we have frequently given.—REPORTER.]

After showing a large number of cases of phthisis in various stages of the disease, the following case of *Bronchitis* was brought forward to illustrate the difficulty often attending the diagnosis of chest affections:

A German, aged 26 years, a machinist, was exposed in a storm two years ago, since which time he he has suffered more or less with cough, was admitted into the Hospital three months since. He now has the general appearance of one suffering from a protracted disease; is somewhat emaciated, and harassed by an obstinate cough, which has refused to yield to the usual remedies. Upon examining his chest, we hear sonorous and sibilant rales throughout the lungs, mixed with occasional subcrepitant rales, these last being comparatively slight. There is no evidence of a large cavity, or indeed any physical sign which could not be explained by the existence of simple bronchitis. And yet so intractable has been the disease, that I have no doubt that there exist throughout the lungs myriads of minute tubercles. Percussion elicits much the same sound on either side; no marked dullness, but rather less clear than is usual in healthy chests. The man has had for a long time very troublesome hectic fever, which is not proportionate to the condition of his lungs. We must seek elsewhere for the cause of this. Doing so, we find that there is pain in voiding urine, and under the microscope this is seen to be crowded with pus corpuscles. Deep pressure over the region of the kidneys produces pain. There is at times delirium, with headache. What, then, is the condition we have here? I believe there is a general, tuberculous diathesis existing, that the cough and bronchitis are kept up by the presence of minute miliary tubercles; that the hectic fever is in part due to this, but still more to the abscesses existing in the kidneys, as shown by the highly purulent condition of the urine; that these abscesses are of a tuberculous or scrofulous character; that,

though the bladder may be somewhat affected, the kidneys are more so, as shown by their tenderness on pressure, and that the headache and delirium are due either to the condition of the blood imperfectly depurated, or a tuberculous condition of the brain, or, as is most probably the case, to both.

Such being our diagnosis, we have placed him on the use of cod-liver oil, a cough mixture containing the acetate of morphia and syrup of wild cherry bark, and highly nutritious diet, counter irritants being applied to the chest. He has derived much relief from the irritation produced by the scalding of his urine by the use of a mixture consisting of a wineglassful of infusion of buchu, half a teaspoonful tincture of hyoscyamus, and ten drops of liquor potassæ. You will find in some of the journals that the association of liquor potassæ and the narcotic extracts renders the latter inert. I do not believe it, having very often seen the happiest results follow the use of the mixture I have mentioned.

Dr. L. again called the attention of the class to the difficulty of deciding from the physical signs alone between simple chronic bronchitis and that of miliary tubercle, and bade them always bear in mind the probable existence of phthisis in cases of diffused bronchitis, especially if occurring in young persons, which did not yield to proper treatment.

Aneurism of the Subclavian Artery.—An interesting case for diagnosis was afforded in this patient. A strong, healthy, well-developed seaman, aged 30 years, was admitted into the Hospital, complaining of pain in the right shoulder, which he supposed was of rheumatic origin. There was no cough, no dyspnoea, no difficulty of any kind other than a gradual loss of strength, and pain in the part indicated. In carefully investigating the cause of this pain, the hand was placed on the opposite shoulder, and the artery of the two sides compared, when there was discovered to exist beneath the left clavicle a very strong characteristic thrill, accompanied with the harsh, rough murmur of aneurism.

Dr. L. having compared this with the aneuric thrill sometimes found in cases of phthisis, called the attention of the class to the lesson taught by this case, never to rest satisfied with a partial examination in investigating disease.

Rheumatism.—This case has been already alluded to. It was an instance of acute rheumatism, there co-existing a slight systolic murmur.

The case is now brought forward to show the effect of treatment. The patient, after taking a mercurial cathartic, was placed upon the use of the phosphate of ammonia in doses of 16 grains four times a day.

He has used the ammoniacal salt during seven to

nine days, with the effect of almost completely removing the disease.

This remedy, introduced by Dr. Buckler, of Baltimore, about twelve years ago, was much used in the hospital at that time, and with satisfactory results. Like many other medicines, it is not so much in vogue now as it was at first; but Dr. L. remarked he had derived much benefit from its use in numerous cases of rheumatism during the present and previous terms of service in the hospital.

Dropsy Consequent on Cirrhosis.—I doubt whether you are able to recognize the man who now walks into the arena. When last before you, his abdomen measured in circumference 42 inches; it now measures but 31. The swelling of the feet has disappeared entirely.

The treatment consisted in the administration of an active purge, the compound powder of jalap, and then the continuous use of the bitartrate of potassa.

When admitted into the hospital it was impossible, in consequence of the ascites, to feel the edge of the liver, but now the outlines of the organ can be distinctly felt through the abdominal parietes. We thus confirm, by the sense of touch, what by process of induction and exclusion we had formerly designated as the cause of his dropsy, viz. disease of the liver.

It is very desirable to remove, if we can, not merely the dropsy, which, as you have been told, is but a symptom, but the cause producing it. We might, perhaps, derive some benefit from mercurials, but I prefer here the preparations of iodine, and the man at present is using the iodide of potassium, the ointment of iodine being at the same time externally applied.

Gangrene of the Lungs.—Has been frequently before the class. The patient now looks like a man in perfect health, his cheeks are assuming a reddish tint, and his weight increasing.

The treatment pursued was of the most supporting and stimulating character. The lower side of the left lung gives a flat sound upon percussion, and as might be anticipated, auscultation gives an increased resonance of the voice, and coarse mucous rales may still be heard, showing that though these general symptoms have very much improved, there is still left very serious local disorganization, rendering it unsafe for the patient to resume his usual occupations, which he is anxious to do.

He is still using cod liver oil and Huxham's tincture of bark, and highly nourishing food.

Tuberculosis—Laryngitis—Tracheotomy.—About a week ago Dr. L. introduced to the class a young woman who was laboring under tuberculous disease

both of the lungs and larynx. The voice was almost entirely extinguished, and the respiration very laborious, in consequence of the ulcerated and swollen condition of the lining membrane of the air passage.

Yesterday morning, about 6 o'clock, Dr. James H. Hutchinson, Resident Physician to the hospital, was suddenly called to the patient, in consequence of the increasing dyspnea. She was almost moribund, the countenance livid, and the respiration almost completely suspended. In a few minutes, according to all human reason, she would have died.

Dr. Hutchinson at once resorted to the operation of tracheotomy, with the happy result of affording instant relief to the poor sufferer.

The operation was performed in the usual way, and a double canula introduced into the opening.

At the time of our last visit to the hospital, this patient was walking about, apparently in better health than she has for some time enjoyed.

Rheumatism—Propylamine.—A middle aged woman has had rheumatism during the last ten days; joints much swollen, and marked evidences of endocarditis.

Attention is particularly called to this case from the fact that Dr. L. directed her to be placed upon the use of propylamine, of late highly spoken of in arthritic affections.

Propylamine is a peculiar substance extracted from herring pickle, and also ergot and nicotine, when acted upon by potassa. It has the peculiar odor of herring pickle. Alkaloid properties are attributed to this substance.

The dose is two drops every three hours in mint water. She has been using it in doses of two drops every three hours, and says she is decidedly better, but it would be improper to form any opinion as to the value of the remedy until it has been further tested.

Service of Dr. Neill.

MAY 21st, 1859.

[Continued from last week.]

Tetanus following Laceration of the Hand.—I present this black man as a matter of duty, to show you some unfortunate results of surgical experience. If I were not to show you the dark side as well as the bright, you would receive wrong impressions of practice. This patient has tetanus.

This is an affection of the spinal marrow, generally traumatic, although it may be idiopathic. It is generally supposed to result from recent injury of the nerves, but this is not invariably the case. I have seen it result, in three or four cases, from granulating surfaces. This case is traumatic: from

a local origin, it is transferred to the spinal nervous centre, and radiated to the extremities.

There is a disposition in this patient to throw the head backward, caused by contraction of the muscles of the back, and termed *opisthotonos*, sometimes manifested to such an extreme degree that the patient rests upon his heels and his occiput.

But this is not the most common manifestation of this disease. More frequently it is first observed in the sterno-cleido-mastoid, then in the jaw, face, and recti-muscles of the abdomen, which will exhibit the *lineæ transversæ* very distinctly. After a while those muscles become involved which are engaged in vital processes, the sphincters, etc., hence the constipation.

The *prognosis* in young persons is more favorable than in adults. I have seen three boys walk about on their toes after they had recovered from tetanus.

The principles of *treatment* are, the avoidance of exposure of wounds to drafts of air as a preventive. I must caution you against dressing stumps before open windows, even in warm weather, when the wind is blowing. Besides this, the points are three—nourishment, stimulants, and opium, or analagous remedies. The patient must be quieted as much as possible; and here I may say, that *anæsthesia* by ether has not been attended with particularly gratifying results.

All constriction has been removed from the limb, and a poultice applied. There has been an idea, that while a wound suppurated, tetanus could not occur. This is not true. Tetanus will occur after suppuration is fully established; but when tetanus does occur in such cases, suppuration is diminished and the wound has a tendency to become dry.

I am inclined to think that this arose from the original injury. If so, amputation would have been of no avail. If you cut off the limb you will not get rid of the tetanus; for it is a disease not of the extremity, but of the spinal marrow.

The man was placed upon beef tea, milk punch, and large doses of opium. The tetanic rigidity increased, and he died on the 23d. He had no severe paroxysms or convulsions.

Operation for Staphyloma, the result of Burns.—Dr. Neill remarked that the affection in this case might be looked upon as a painful cicatrix of the cornea, involving the iris. The patient had been severely burned by flame, and had lost the sight of this eye. The cornea was prominent, and a portion of the iris was involved in the cicatrix. A sympathetic affection of the sound eye was often caused by a diseased iris in the other. He has had excruciating pain over the brow.

It was proposed to excise a portion of the cornea. Dr. N. took this opportunity to give directions as to

how the assistant should hold the eyelid in any operation on the eye, for the want of which a surgeon is often greatly embarrassed by eversion of the eyelids. The finger should be placed on the approximating edge of the tarsal cartilage, holding the eyelashes and their roots beneath the grasp. This brought the lid under complete control.

He never used an instrument to hold the lids, but relied on a competent assistant. In this instance, it being the right eye, he held the upper lid and the assistant the lower.

A cataract knife was introduced near the upper edge of the cornea, and a large flap cut from below, the remainder was separated by a pair of scissors. Wet lint was applied.

Operation—Cataract.—The patient was a gray-haired negro man; the cataract in the left eye, very complete, irregular; not homogeneous; resembling spermaceti or camphor.

Cataract is an opacity of the crystalline lens, and should not be mistaken for other diseases of the eye. It is manifest by both physical and rational signs.

If you examine this man with care as he walks before you, you will see the opaque lens behind the pupil which has been dilated with solution of atropia. The sight of the other eye is slowly obscuring, this lens has a central opaque nucleus. If an old man has one good eye, it is sufficient for him, and it is a rule good in other cases; if one eye is good, let the other alone.

Of the three operations—extraction, reclinatio, and solution—the latter is the most advisable. The capsule and the lens would be broken by a needle, and he would trust to absorption for the removal of the cataract.

Light dressings were applied, and the patient directed to be confined in a dark room.

MAY 25TH.

Falls from a great height—Various Effects.—Recent Specimens—Brain and Liver:—These were obtained from a patient who died shortly after his admission. He fell from a great height, and received a fracture of the skull, extending through its base. Hemorrhage occurred from the ears.

This brain is surcharged with blood, and there is infiltration of blood, or ecchymosis through the vesicular structure of the inferior portion of the anterior lobes of the cerebrum.

There is also a rent in the upper portion of the right lobe of the liver.

Injuries from Falls.—Case 1st. This patient fell from a third story window, without very serious injury. His color, temperature and expression are good. We examine his pulse, to see if there has

been any great shock to the system; it is normal here. There is evidently no injury to the brain or skull. He is bruised, and complains of pain over the chest. If there were injury to any viscus, there would be prostration; if rupture of the bowels, tympanitis; if effusion of blood, we could detect it by percussion.

It is not impossible that he has bending and bruising of the costal cartilages, which will cause as much pain and inconvenience as fracture of the ribs; no crepitus can be detected.

He will be treated as with fracture of the ribs—rest, and adhesive strips around the affected side, from the sternum to the spinal column.

Case 2d. A lad, who had fallen four stories, walked into the amphitheatre. No bones were broken, and, except some lameness of the ankle and general soreness, no injury sustained; partly perhaps from the cartilaginous condition of the skeleton, and partly from good luck. There was no reason why one should be killed by such a fall, and another escape unhurt.

Case 3d. A young man, just brought into the house, fell through a bridge an hour ago. He was still suffering from the shock of the injury. His pallid countenance and blanched lips, extremely feeble and flickering pulse, labored and spasmodic respiration, were those of a person in a moribund condition.

Consciousness was not destroyed. There was a fracture of the frontal bone, probably extending into the orbital process, producing great ecchymosis of the eyelid and orbit. The fracture probably extended to the base. There was emphysema over the chest, and great irregularity of the sternum.

The prognosis was unfavorable.

Mustard poultices were applied to his body, and dry heat; dry heat was stimulating, wet heat relaxing.

(The patient died shortly after, and a post mortem examination confirmed the diagnosis of the extent of fracture of the skull; both the temporal bones, and the sphenoid were fractured; he also had fracture of five ribs, and laceration of the lung.)

—o—

W. Ottenbourg informs the Medical Society of Paris, that observation has led him to the conclusion, that permanent enlargement of the tonsils protects against croup. Children, exposed to the infection of croup, having enlarged tonsils, escaped the disease, while others without hypertrophy of these organs contracted croup. (?)

Medical Societies.

NORTHERN MEDICAL ASSOCIATION.

FRIDAY EVENING, FEBRUARY 11TH, 1859.

Dr. Curtis, (President,) in the Chair.

By request of many members, the subject of DYSENTERY was resumed from a former meeting.

DR. WITTIG had employed the nitrate of sodium, in several instances, but never where much fever was present. He afterwards used opium with emulgenis, combined with almond oil, or oleum papaveris.

DR. RHEIN had never considered this disease to be one in which we had great fever. We generally find the skin cool, the pulse small, though frequent, and all those symptoms which would contraindicate the employment of acute febrifuge remedies. In the treatment, it might be necessary to employ purgatives, but he never used them to any great extent, and especially would he feel doubtful about the use of drastics. His prescriptions, were as a general rule, composed of calomel, opium, and ipecac., increasing or diminishing each, according to circumstances. Generally, when called early, he gave calomel, but when it has produced bilious discharges, its good effects are passed; it then stimulates the bowels, and causes too free a peristaltic action, and hence he omitted it, as soon as possible. When the bowels were checked, he considered the patient well, and not requiring any further medication. He had often used Hope's mixture, but never with good effect.

DR. GEBHARD, from the remarks of Dr. Rhein, would regard the cases he had mentioned as chronic dysentery, whilst his own were acute, with fever, etc. He preferred active purgatives rather than those of a milder nature. When it assumed a chronic form, the treatment, as given by him in the paper read at a former meeting, would not be so applicable.

DR. RHEIN remarked that his preceptor, in the large number of cases of this disease which he has attended near Reading frequently employed a combination as follows:

R. Liq. sodæ carb. (sat.) fʒiv.
Ol. ricini, fʒij.

Ft. mist.

Dose: a tablespoonful every 2 hours.

This was continued until the patient had taken it about eight hours, by which time, as a general rule, he was convalescent. Dr. R. had used this himself, and with apparent success, but in the course of practice, he had given up this plan, and now generally employed opium, calomel, and ipecac., as before mentioned.

DR PRICE considered that the great cause of this dysentery is an exposure to cold, at a time when the body is heated. This produces a tendency of the fluids to the internal organs, congestion follows, and is not unfrequently succeeded by dysentery.

Perhaps the nitrate of potassa, as employed by Dr. Tiedeman, acts not only as a purgative, but also as a sedative, thus relieving the spasmodic constriction of the bowels, and the inflammation at the same time. He did not agree entirely with Dr. Gebhard in regard to drastics, as he thought them rarely necessary. He regarded calomel as the best of the class of purgatives that we can employ, because the liver is the great point we have to attack; it being efficiently acted upon, the congestion of the portal circle, which is one of the most important causes of trouble, is thus removed. Opium allays the irritability, and acts equally well upon the skin, which is especially desirable.

In the last stages, there is nothing better than oleum terebinthinae, which Dr. P. had used with an eminently beneficial result. It is superior to everything else.

DR. GEBHARD believed that these drastics lose their peculiar effects, and only produce copious evacuations, the tenesmus ceasing quickly. He thought it could be accounted for, on the principle that the peristaltic motion is increased, and expels the cause of the disease. When the tenesmus returns, as it sometimes does, the cause not being entirely removed, we may repeat the dose if the system will bear it. To children, he gave castor oil, with decided advantage, it acts like a charm. He rarely found opium necessary, except after the patient had continued to have evacuations, and required rest from the irritation. Previous to the adoption of this plan, he had used opium, and found the cases much protracted, and the danger increased.

DR. OSLER believed that recovery often takes place, and convalescence still more frequently, without any such fœcal dejections as must necessarily precede recovery, if the theory on which Dr. Gebhard bases his treatment be correct.

The good effects of the purgatives so highly recommended, were mainly due, he believed, to their action on the liver. Other articles equally efficient as purgatives, but incapable of a similar action on the hepatic function, would be very likely to prove inefficient, if not positively injurious. But while dissenting from the views of Dr. G. concerning the etiology of dysentery, he was not prepared to say that the treatment he proposed might not prove, in a majority of cases, and especially in the early stages of the disease, highly serviceable.

He had in several cases derived very satisfactory results from the treatment proposed by Dr. Tiede-

man. He gave the nitrate of potassa in doses of from 10 to 15 grains, and also used the cold water injections. He was particularly pleased with the soothing effect of the cold water. But however applicable to a majority of cases, no enlightened physician will pretend that either the nitrate of potassa or the purgatives so highly recommended this evening, are specifics.

The treatment of dysentery must vary with the varying complications and peculiarities of different cases. Complications can readily be thought of which would render necessary other means than those under discussion.

There are two articles, not enumerated by any authority, that he could then recollect, among the reliable remedies for dysentery, which he was prepared, after thoroughly testing them during a period of several years, to say were worthy of the special attention of the Association. These were sulphur and chloride of lime.

It was not in ordinary cases merely that these two articles had proved effectual. Several of the gravest and most intractable he ever attended, after resisting all the ordinary appliances, promptly yielding under their use.

He commences the treatment with both articles, but generally discontinues the sulphur after a few fœcal evacuations have been procured, which mostly occurs by the third day, at which time the patient is frequently convalescent. From 10 grs. to ʒj. of the sulphur constitutes the dose. The chloride of lime he gives in doses of 5 grs. in a teaspoonful of water every four or six hours. The disagreeable taste of the lime is best disguised by milk, well sweetened with sugar.

Opium, though not an essential part of the treatment, contributes greatly, in many cases, to the comfort of the patient. It is impossible to give the chloride of lime in some instances on account of its extremely disagreeable taste. That was his principal reason for having recourse on some occasions to other remedies. Leeching the anus is an efficient means of relief at the commencement of an attack, and the warm bath at a later stage is equally efficacious. Wormseed oil he had found in the few instances in which he had been able to prevail on patients to take it, a remedy of great value, especially in cases of children.

DR. PRICE, in reply to a question as to what he meant by congestion, said in congestion we have merely an afflux of blood to the parts without lesion of any organ or tissue, but in inflammation we have in addition to this a derangement of the organic structure as an indispensable accompaniment.

Now, dysentery is an inflammation of the mucous membrane of the rectum and colon. He would explain further, that the capillaries *between* the colon

and liver might be congested, while those *at* the colon are inflamed.

He did not think that the other methods of treatment contra-indicated the use of purgatives. The nitrate of potassa, as employed by Dr. Tiedeman, produces alvine evacuations, and should it fail, he counselled the use of castor oil. It is absolutely necessary to remove the spasmodic action by some means, hence the beneficial effects of the treatment so strongly insisted upon.

DR. RHEIN thought the speakers had confounded inflammation with congestion. If there was congestion, purgatives *might* be good, but if inflammation, they certainly must be mischievous. A surgeon puts an inflamed joint on a splint to place it at rest; he does not move it about violently. If an eye is irritated, we deplete and place it in a state of rest: on the same principle, the remedies mentioned, in place of relieving, would, by increasing the peristaltic action, increase the tormina and tenesmus. He mentioned the case of a child, to illustrate this point. The mother, under the popular notion of a purgative in dysentery, had given it castor oil, with laudanum, and was surprised to find it no better; the disease still persisted, till at last he, being called in, gave opium, and the child recovered. The first indication is to relieve the pain; and this holds good in all diseases. Relieve the pain, and you relieve the disease.

DR. J. R. BRYAN said that cases vary much, and hence we must vary the treatment. The chief indication is to stop the discharge, and therefore if the bowels have been evacuated, as they generally have been, we must employ anodynes, or astringents, etc. His favorite was Hope's mixture. He also used turpentine, with paregoric on sugar, in small doses. Cases have many different features. He mentioned the case of a delicate woman who had frequent attacks, after obstinate constipation. She had 60 evacuations in 24 hours, all of blood and slime, and was much exhausted. On examination, he found in the left iliac region, an enormous tumor. He thought the only thing he could do, was to give a very active purgative, and therefore gave her small doses of croton oil, in mucilage. To his surprise, she passed an *enormous* quantity of feculent matters, which had been causing all the trouble.

In reply to a question of Dr. Rhein, as to whether he considered it an inflammatory disease, he said that as a general rule he had not seen fever with it, and hence did not consider it inflammatory. He always inquired as to the nature of the discharge, and took care not to be deceived, as is often the case, by patients supposing what little they have passed to be a copious evacuation.

DR. CURTIS was in the habit of using the opium treatment; Dover's powder, with a little calomel and aromatic powders. Had given 2 grains and more of opium at a time, to relieve such cases. He was inclined to look with favor upon the plan of Dr. Gebhard. He had lately seen a case, which had changed his views somewhat. The patient had taken opium, and the evacuations were in a degree arrested, but still slime and blood were passed, and the case would not improve. He gave a purgative, and the effect was instantaneous. The discharge was checked, the pains gone, and all the symptoms were much improved. There is a tendency to health in all diseases, and if we assist nature thus, she will cure herself. He considered this disease an inflammation of the bowels; we must get rid of the cause, and put the alimentary canal at rest. Strychnia improves the symptoms, by relieving the tenesmus, and some physicians use it freely. His first desire was to relieve the bowels.

DR. RHEIN was inclined to take a different view. He regarded the feces as a *poultice*; a protection to the parts from the irritating discharges. Clear out the bowels, and we give this irritating matter a fair chance to act.

Adjourned.

Reviews and Book Notices.

ELEMENTS OF MEDICINE; *A Compendious View of Pathology and Therapeutics; or, The History and Treatment of Diseases.* By SAM'L HENRY DICKSON, M. D., LL. D., Prof. of the Practice of Physic in Jefferson Medical College, Philadelphia, etc., etc. *Second edition, revised,* pp. 768. Philadelphia: Blanchard & Lea, 1859. Price \$3 75.

We welcome this new and improved edition of Dr. Dickson's Elements of Medicine. The first edition was so well received by the profession, that we anticipate for the present one, in its enlarged and improved form, a rapid sale. Dr. Dickson is a perspicuous writer, and he has presented his subjects to the practitioner and student in a comprehensive and pleasing manner.

The author being a southern man, and having been engaged in teaching medicine for more than thirty years, principally at the South, his work is particularly valuable to the southern practitioner, as containing the experience and observations of an intelligent man on diseases prevalent in that section of country. It will be a valuable addition to the library of every medical man.

The paper, the printing, and the binding are particularly good, and do credit to the good taste and liberality of the publishers.

FIVE ESSAYS. By JOHN KEARSLEY MITCHELL, M.D., late Professor of the Practice of Medicine in Jefferson Medical College, Philadelphia, etc., etc. Edited by S. WEIR MITCHELL, M.D., Lecturer on Physiology, etc., pp. 371. Philadelphia: J. B. Lippincott & Co., 1859.

The author of these essays, though a man of decided talent and ability as a writer, and long a teacher of medicine, never published an extended work on any branch of the science of which he was so bright an ornament, and his son has done well to select from his published and unpublished papers, some of the more important, and place them before the public in a form for easy reference.

The volume comprises the following essays, viz :

On the Cryptogamous Origin of Malarious and Epidemic Fevers.

On Animal Magnetism or Vital Induction.

On the Penetrativeness of Fluids.

On the Penetrativeness of Gases.

On a New Practice in Acute and Chronic Rheumatism.

All but one of these Essays have been before the profession for a long time, as monographs, or in the columns of our periodical medical literature, and many will be glad to procure them in their present permanent form. Those especially who remember Dr. Mitchell as the accomplished Professor of the Theory and Practice of Medicine in the Jefferson Medical College, will be glad to possess this memento of their favorite teacher, and their friend.

URINARY DEPOSITS; their Diagnosis, Pathology and Therapeutical Indications. By GOLDING BIRD, M.D., F.R.S. Edited by EDMUND LLOYD BIRKETT, M.D., etc., etc. A new American, from the fifth London edition. With eighty illustrations on wood, pp. 382. Philadelphia: Blanchard & Lea, 1859. Price \$1 30.

This work has long been before the profession, who have shown their appreciation of it by calling for five editions in London, and two or three in this country.

The forms of urinary disease of which the work treats, are of such grave importance that every practitioner should possess every possible aid in their diagnosis and treatment, and we know of no work which, in so small a space, contains so much that is calculated to

aid the practitioner and student in his investigations.

The book is fully illustrated with well executed wood cuts, and is got up in a manner that is creditable to the publishers.

DEFECTS OF SIGHT AND HEARING; their Nature, Causes, Prevention and General Management. By T. WHARTON JONES, F.R.S., F.R.C.S., Prof. of Ophthalmic Medicine and Surgery in University College, London, etc., etc. Edited, with additions, by LAURENCE TURNBULL, M.D., Surgeon to the Department of Diseases of the Eye and Ear of the Howard Hospital of Philadelphia, etc. pp. 247. Philadelphia: C. J. Price & Co., 1859. For sale by Lindsay & Blakiston.

This little work is calculated to be useful in the management of various affections of the eye and ear, and their prevention. The author is well known as an enthusiastic and successful ophthalmologist, and author of an extended work on the subject. The American editor has made some additions, especially to the fourth part of the work, which treats of affections of the ear.

Editorial.

PRACTICAL PHARMACY AS A PART OF MEDICAL EDUCATION.

In a communication to the *Southern Medical and Surgical Journal*, Dr. Robert Battey calls attention to the importance of a pharmaceutical education for the physician. We are very glad that he has done so. It is high time that the profession was aroused to the importance of this subject. It is one of the crying evils of our present system of medical education, that little or no attention is paid to the subject of practical pharmacy at our medical colleges. In the schools of this city no provision whatever is made to give systematic instruction in botany, or the history, properties, and mode of preparation of drugs. It is true that Mr. Edward Parrish has for some years past kept up a school of practical pharmacy as a private enterprise, of whose advantages a few young men avail themselves every year, most of them with a view of presenting themselves for examination before the Boards

of Examiners of the army or navy, where some knowledge of practical pharmacy is very properly required. Yet, so small is the number of young men who attend Mr. Parrish's lectures, that we believe they are hardly considered remunerative.

This is wrong. Our medical colleges should have professorships, or at least lectureships, of Botany and Practical Pharmacy, and a competent knowledge of these branches should be a requisite for graduation. In these days, when almost everything we eat, drink or wear—when the milk that nourishes the babe, and the medicine that is intended to ward off or remove disease, are alike subject to sophistication, the physician should have some practical knowledge of the qualities and properties of staple articles of food, and of the drugs he uses for the purpose of restoring health, or he surely is not competent to discharge his duties in an intelligent manner, and to serve the community as they reasonably expect to be served.

Our present mode of instruction permits many a man to go out armed with a diploma that represents him as competent to discharge all the duties of the physician, who could not distinguish between ipecac. and jalap, cinchona and canella, colchicum and garlic, digitalis and horehound, if they were presented to him. Much less is he capable of going through with the various pharmaceutic processes, by which these articles are prepared for administration. It is true that the professor of *materia medica* hurriedly points out the physical characteristics of the various articles of the *materia medica* while lecturing upon them, but more than this is necessary; the student should be taught to familiarize himself with each article by frequent inspection and handling, comparison with other articles that resemble them in the least, and especially with inert or even deleterious articles resembling them, with which they are often adulterated.

We feel that we cannot sufficiently urge upon the student the importance of becoming acquainted with the physical properties of drugs, their resemblances and differences, and the characteristics of the substances with which

many of our most valuable drugs are adulterated, as well as with the proper mode of preparing and exhibiting the various articles of the *materia medica*. And we feel, too, that, with our present mode of imparting medical knowledge, both in the office of the preceptor and in the medical college, this kind of knowledge is very inadequately imparted. We hope that the day is not distant when our colleges will include *Botany and Practical Pharmacy* as a part of their curriculum of study.

WOMAN DOCTORS AGAIN.

In commenting on the recent action of the Pennsylvania State Medical Society in relation to woman doctors, we have raised a breeze which, considering the state of the weather, is really quite refreshing. A respected correspondent, in another column, takes us to task for our article of last week. He seems to think that it needed backbone. We are sorry that our views are not in accordance with his, but were of course aware, when we penned them, that they would not meet with the concurrence of those who brought the subject before the County and State Societies, and perhaps of a majority of the members of those bodies. But, having views, we felt called upon under the circumstances to give expression to them, and we may say that they have been well received, we know, by many of our readers, and that we believe they are in accordance with those of a large majority of the profession.

We have always felt that it is idle for the profession to pursue every *ignis fatuus* that arises in its border ground. There are some evils that work out their own cure soonest by letting them alone, and as the public will take the responsibility of thinking and acting for itself, in matters pertaining to our profession—often, it is true, much to its own detriment—we have felt that more in the end would be gained if the profession would spend its time in elevating its own standing in the community, rather than by waging an unequal warfare against the various irregularities that are ever and anon arising. We say unequal, because our opponents—if we elevate them to

that position, can and will use weapons that we would scorn to employ.

Besides, on this question of woman doctors, we labor under the decided embarrassment of admitting them as a fact, every day of our lives, in the use we make of the published works of Boivin and Lachapelle. We have no Index Expurgatorius that will blot them from the literature of medicine, even if we desired to do so.

As to the evil which has been the occasion of these remarks, we never considered it of sufficient magnitude to warrant our declaring war against it, and firmly believe that its continuance will be short or long, in proportion to the degree of prominence given it.

If this were a matter of faith and salvation, or, if it in any way involved the honor of the medical profession; we would speak in unmistakable tones against it, but as it is a mere matter of opinion, and that of a class of people whose opinions on any subject are of little consequence to the medical profession, or any body else, and as the evils, if any, arising from it, are confined to that class of people, we are content to let them enjoy their opinion, while we look calmly on in the consciousness that the evil will soon cure itself.

We are very glad that our code of ethics does not refer to the subject. That is made for all time, we hope, while this is a thing of a day, and the general principles of the former are sufficient to guide honorable members of the profession in dealing with woman doctors, and those who countenance them, as well as with other evanescent evils.

In the present state of human society, we doubt very much whether any good will come of the medical profession attempting to exorcise the evil spirits that prophecy in its name, unless they utterly cast them out by stripping the ass of the lion's skin, as in the case of quack medicines, for instance, by analyzing them, and publishing their formulæ.

AN IMPORTANT WORK ON CALORIC.

We are glad to learn that Lippincott & Co., of this city, have in press, and will soon issue,

the second edition of Metcalf's Work on Caloric. The first edition was published by Pickering in London in 1843, and the work immediately took high rank among scientific publications. The author had made arrangements for republishing the work in this country, with additions and corrections, but his health failed, and he died in this city a few years ago, without fully completing the labor of preparing the second edition for the press.

The work is in two volumes, octavo, and is a learned and exhaustive treatise on caloric in all its relations to physics and to organic life, and in its bearing on health, and should be in the library of every physician.

Through the indefatigable exertions of his widow, an intelligent English lady, the work has been completed under the direction of a competent editor, and will soon be ready for sale. Mrs. Metcalfe has undertaken to publish the work by subscription, and has received much encouragement from the profession of this and other cities, and we cordially commend her to the profession of other cities she may visit for the purpose of obtaining subscriptions. Mrs. M. depends, we believe, in great measure, on the proceeds of the sale of this work for the means of support for herself and child.

A more extended notice of the work will appear as soon as it issues from the press.

Correspondence.

Editors of the Medical and Surgical Reporter :

I feel confident that, if you will take the trouble to read over attentively the editorial remarks, having for their caption "*Woman Doctors*," contained in the last number of your journal, you will find them to be less conclusive and sound than you doubtless esteemed them when you penned them. They strike me, and you must bear with me when I say so, as bearing a very close resemblance in style to that species of oratory, with its non-sequences and contradictions, to which the term cant—using the word in its more modern and comprehensive signification—may be very correctly applied.

You profess yourselves to be in favor of an entire repudiation, "a severely letting alone," of the whole sisterhood of female medical practitioners by our profession. You candidly confess that, in your opinion, women mistake their vocation when they devote themselves to the study and practice of medicine, and that when they do so the *best policy* of physicians is to discountenance their stepping thus out of their legitimate line of life—but silently; not that physicians should discuss the question as to the propriety of recognizing females as physicians, and meeting them upon the same footing as male members of the profession, and having arrived at a conclusion adverse to the claims of the female doctors, boldly announce it. This you would on no account have physicians to do. You regret that it has been done by the Pennsylvania State Medical Society, and hope that no other of our Medical Societies will follow her example.

If it be right and proper for the medical profession tacitly to ignore the very existence of women doctors—and such ignoring necessarily implies the refusal on the part of physicians to give countenance and support to the faculties and graduates of female medical colleges, and of female medical practitioners generally—how can it be otherwise than right and proper, and expedient too, for them to openly and unreservedly declare their intention so to do. As to what would be the most honest and manly course there can be but one opinion.

It would puzzle us to know in what manner the profession could be brought to adopt, *en masse*, the "best policy," of letting "woman doctors" "alone severely," unless, the question, being mooted and decided in our County and State Societies, this decision is openly promulgated.

The admirable code of ethics to which we profess obedience, is silent in respect to the course of conduct to be pursued by medical men in respect to female physicians. The question has only recently arisen, inasmuch as female medical colleges and women doctors had no existence at the time the code was framed.

It is a well known fact, that there are medical men, as well such as acknowledge entire fealty to the code of ethics, as others who are willing to be governed by it just so far as shall not interfere with their own selfish interests, who do not hesitate to meet women doctors in consultation—even such of them as are of ex-

temely doubtful repute. While the great majority of the reputable members of the profession are convinced that such a course is impolitic at least, if it be not decidedly injurious to the best interests of the profession and of the public at large. Now, in view of this discrepancy of opinion and practice, inquiry upon inquiry, and from various quarters, had been made, for a decision as to the proper course to be pursued by physicians generally in reference to women doctors, whether they are or are not to be recognized and treated as legitimate members of the medical profession. The Philadelphia County Medical Society, after a deliberate and impartial consideration of the question decided against their recognition, which decision has been endorsed as correct, by the Pennsylvania State Medical Society.

The penny-a-liner may seize upon this very proper action of our County and State Medical Associations "to make capital with a certain class of the community, and as a good text to descant on the bigotry and narrow-mindedness of the medical profession." Let them do so if it seemeth to them good; but whether they do or not, it should have no influence whatever upon the course to be pursued by the medical profession in respect to any question which may call for its action. We trust that the time has arrived, if it was ever absent, when the acts of the medical associations of our country are beyond the control of the entire class of penny-a-liners—that the disinterestedness, the liberality, and public spiritedness of our profession are too well established to cause its members to fear the misrepresentations and sneers of those who, for capital, are ever ready to minister to the depraved tastes of the ignorant and the prejudiced. ***

June 29, 1859.

Periscope.

FOREIGN.

[From the German, by L. ELSBERG, M. D., of N. Y.]

(Concluded from p. 278.)

Further clinical remarks on Glaucoma, and glaucomatous diseases; and on the curative effect of Iridectomy; by A. von Graefe.—A year has passed since the illustrious Graefe made his first formal communication on these subjects, and the practitioners all over the world keeping up with the progress of our profession have

watched them since with the intensest interest. What had been contributed by others up to the present time consists in *Jäger's* communication to the *Oest. Zeitsch. f. prakt. Heilk. and Küchler's* case in the *Deutsch Klinik*. Küchler's operation of iridectomy proved successful. *Jäger* mainly differed from Graefe in theory by denying entirely the dependance of the excavation of the optic nerve on intraocular pressure, (giving as reasons, 1. that it occurred without such pressure; 2. that it did not occur in various affections of the eye where such increased pressure occurred; and 3. that excavation did not retrocede after iridectomy, but often enough proceeded, while yet other ectases retrogressed after the operation;) and in practice, his experience with iridectomy was calculated to modify considerably the favorable prognosis of acute glaucoma, if operated on early, by Graefe. The readers of the REPORTER will doubtless therefore welcome the testimony now presented. Graefe has had sufficient time to watch the cases previously operated on, and to make many new operations; and to the results of Müller's positive pathological demonstrations, and Roser's plausible valve hypothesis, are added Graefe's matured confirmations of his previous experience which has even become in some respects more favorable yet to Iridectomy.

In the *prodromic stage*, the results of a second series of operations on 10 or 12 persons who were already glaucomatously blind in one eye, were as favorable as with those previously operated on. All the patients regained pupillary motion and a good range of accommodative power. After the operation no retinal echymosis arose which usually does arise with operations for acute glaucoma, and though frequently passing away with perfect restitution of function, sometimes occasions permanent indistinctness in peripheral vision. The case cited in Graefe, previous communication has not relapsed, on the contrary the man reads No. 2 of "*Jäger's Letters*" fluently, and the extent of his visual field is normal.

Those operated upon during the *first stage of acute glaucoma* have without a single exception remained restored to their fullest extent, although most of them have reattended to their previous occupations unrestrictedly. That the operation can hardly be performed early enough, was especially proved in the case of persons whose one eye was operated upon on the first or second, and the other on the fourth or seventh day after commencement of inflammatory symptoms. The central acuteness of sight, especially the eccentric visual power was

$\frac{1}{2}$ to $\frac{1}{2}$ less on the side last operated on, though previous to the disease the eyes had been equally vigorous. The power of accommodation remained impaired in most cases, especially where changes in the iris to a high degree had occurred. *Jäger* is right that the operation on one eye could not prevent the occurrence of glaucomatous ophthalmia on the other. (See REPORTER, Vol. II, p. 132.)

In the *latter stage of acute Glaucoma*, the success of iridectomy varied, but perfect blindness was always prevented. The prognosis becomes unfavorable when the visual field seems narrowed in the form of a slit, particularly where the point of vision is near the boundary of the field of vision, for in spite of beginning improvement and for a time stationary sight, the power of distinguishing objects finally disappeared. The more the weakness of sight is due to the phenomena of pressure and obscuration of the refracting media, the more aid may be expected; but little is to be hoped after organic changes in the optic nerve and retina have occurred. Five weeks after commencement of the inflammation, in a case in which all quantitative sensibility to light was gone, iridectomy yielded but a negative result. Graefe repeatedly insists on the fact that growing worse after remaining stationary for a time is not ascribable to a recrudescence of the glaucomatous process but to the progressive (secondary) atrophy of the optic nerve. The colliculus becomes of a dull waxen appearance, easily distinguishable from its tendinous white gloss in cerebral amaurosis.

In relation to *chronic glaucoma*.—Graefe has not in his last added anything new. As long as the substantial changes of the retina and optic nerve in the individual cases baffle exact observation (on account of the obscuration of the media) the prognosis can not be accurately determined. Iridectomy remains indicated as long as the least considerable remains of sight exists; sometimes negative results will follow, sometimes temporary improvement, and so on.

As to the *theory* of the development of glaucoma, Graefe has made the observation, (diametrically opposed to what *Jäger* uses as a settled fact) that *excavation of the optic nerve in certain cases actually retrocedes after iridectomy*. These cases refer to chronic glaucoma, which after a time had assumed an acute character. In such cases the already little resisting papilla of the optic nerve is excavated by the glaucomatous choroideal inflammation rapidly and to a very great degree, and after the operation the deep cavity may be seen

within a week changing to a shallow depression the bent vessels on the edge being braced and greater displacements compensated and rendered imperceptible. Quite recent cases of glaucoma are unsuitable for such observations because there exists as yet no excavation, and the later stages of the same do not allow the restitution on account of degeneration and atrophy of the nerve-fibres. Two important facts besides the actual retrogression of excavation may be adduced as favoring the correctness of the theory of increased intraocular pressure, viz: the disappearance of the arterial and the synchronic venous pulsation after the operation; and the lessening of far-sightedness, the frequently rapidly increasing presbyopia in glaucoma depending doubtlessly on the decreasing convexity of the cornea. (The reader has of course also compared Müller's and Roser's contributions with his, all militating against Jäger's denial of the influence of intraocular pressure.)

To obtain a clear view of the nature of glaucoma other diseased conditions of the eye must be taken into consideration; viz: traumatic cataract, iritis, iridochoroiditis, staphyloma posticum, hydrophthalmia, and ectatic corneal cicatrices. It has long been known that these abnormal conditions may "become glaucomatous."

Iritis terminating with closure of the pupil is always accompanied by progressive amblyopia, which depends often, it is true, on retinal separation, but often also on excavation of the optic nerve.

In the course of staphyloma posticum besides obscured vitreous body, retinal separation, cataracts, etc., excavation of the papilla of the optic nerve may also be observed, but the cavity is not so striking and sharply marked because the power of resistance of the sclerotic does not in these cases deviate much from that of the optic nerve. The bulb becomes fuller and harder, the pupil more dilated and less active, the cornea insensible, and the field of vision narrows concentrically or laterally. This is easily demonstrable in persons over 50 years old suffering from staphyloma posterius.¹⁾

Thus, leucoma and staphyloma of the cornea are often attended by weakness of sight and even absolute amaurosis, which cannot be explained by the disease of the cornea alone. The conclusion as to the existence under such

circumstances of increased pressure within the bulb is often strengthened by the gradual participation in the forward arching of even firmer corneal cicatrices and the contiguous portion of the sclerotic.

In all these cases therefore, besides employment of mydriatica, paracentesis, and removal of the puffed or displaced lens, Iridectomy will in future be indicated.

Medical News.

The following gentlemen have been appointed vaccine physicians in this city: 1st Ward, Dr. Robert Reyburn; 3d, Dr. H. D. Benner; 5th, Dr. Fisler; 7th, Dr. R. W. Ritchie; 9th, Dr. A. Owen Stillé; 11th, Dr. Geo. B. Lummis; 13th, Dr. Robt. S. Kenderdine; 15th, Dr. E. B. Jackson; 17th, Dr. James W. Roe; 19th, Dr. Edgar Janvier; 21st, Dr. J. K. Uhler; 23d, Dr. D. M. Veal.

We sincerely regret to learn that Dr. John Neill has resigned the position he has filled so creditably, of surgeon to the Pennsylvania Hospital. The vacancy has been filled by the election of Dr. Edward Hartshorne, a gentleman whose qualifications to perform the duties of the office are well known.

The newly appointed Boards of Guardians of the Poor and of Health of this city, will organize next Monday. They each consist of twelve members, three each having been appointed by the Supreme and District Courts, and by the Court of Common Pleas, and by Councils. From the known character and standing in the community of the gentlemen who have been appointed on these Boards, it is reasonable to suppose that the interests of the public will be served.

ANSWERS TO CORRESPONDENTS.—*Dr. S., Kenton, Ohio.*—For the information you desire see the REPORTER No. 131 for April 23d, page 85, a copy of which is herewith forwarded.

Dr. F., Darlington, Md.—The article you use is considered the best here. There would seem, therefore, to be no remedy for the difficulty you complain of but to purchase little and often. We will, however, look further into the matter.

MARRIAGES.

GOOD—HOUTZ—On Thursday, June 9th. at the residence of the bride's father, by Rev. S. T. Lowrie, D. R. Good, M. D., of Altoona, Pa., to Miss Eliza B., daughter of D. Houtz, M. D., of Alexandria, Huntingdon Co., Pa.

¹ A report on *staphyloma posterius*, a knowledge of which has become very important not to the professional ophthalmist alone, but to every practitioner—will appear in our next.

ADVERTISEMENTS.

NATHAN STARKEY,

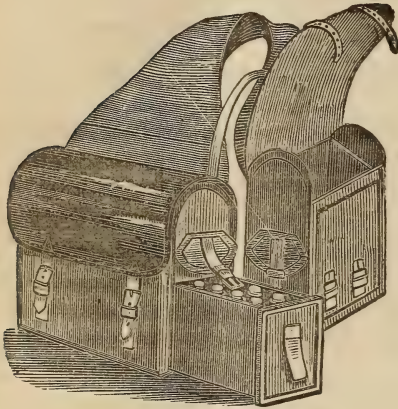
MANUFACTURER OF
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable
Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather,
with Pat. Leather Covers. Flat Pattern, with Pockets. Box
Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 23 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " "	10 50
" 6 & 11, " 20 1 oz. " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " "	8 50
" 3, " 16 " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " 4 " "	19 00
No. 3, " 48 " " 4 " "	17 50
No. 4, " 37 " " 4 " "	13 50
No. 5, " 32 " " 4 " "	12 50
No. 6, " 27 " " 4 " "	10 50
No. 7, " 20 " " " "	8 50
No. 8, " 15 " " " "	6 50
No. 9, " 14 " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mount-
ing, and superior finish.

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints,
Syringes, &c.

Manufactures to order and keeps constantly on hand a general
assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen
about to commence practice would do well to call and examine
his large assortment of Instruments.

Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of
these Baths in all the principal cities of Europe, and the
desire which has been so constantly expressed by the profes-
sion, to have a place, containing the necessary apparatus and
attention—has induced the subscriber to open an establishment
for their special administration at No. 1121 Spruce street.
The institution has received the highest approval and entire
sanction of the most eminent practitioners of this city and New
York. Such arrangements have been made, that separate
Reception and Bath Rooms, and appropriate attendance, is to be
given to the different sexes, and every other privacy, convenience
and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly
welcomed, and every explanation as to the working and appli-
cation of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths ap-
plied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

139

No. 1121 Spruce street.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was
engaged, for a considerable time, in the most celebrated work-
shops of Paris, Belgium and Germany, and does not hesitate to
say, that there is no instrument, however complicated or
minute it may be, whose construction he is unacquainted with,
or which he could not manufacture.

Deeply impressed with the responsibility attached to the
maker of Instruments employed by the Surgeon, he will furnish
no instrument without a conscientious certainty of its being as
perfect as it is possible to make it.

As he has during the last three years been present at the op-
erations performed at the Surgical Clinics of the Colleges and
Hospitals of Philadelphia, he trusts that he understands fully
the wants of the Profession in this important department. He
asks attention to his Artificial Legs, Arms, and Club-foot Appa-
ratus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hos-
pital.
Henry H. Smith, M. D., Professor of Surgery, University of
Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Penn-
sylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical
College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical
College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Levis, M. D., " "
Isaac Hays, M. D., " "
P. B. Goddard, M. D., " "

ADVERTISEMENTS

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 in advance; single copies, ten cents. The REPORTER will only be sent to those who pay for it. Notice will be given to subscribers at the termination of their subscriptions. Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D., } Editors.
R. J. LEVINS, M. D., }

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago. Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are ten volumes, and they contain a very large amount of practical information, besides a large number of steel engraved portraits of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

J. M. MIGEOD,

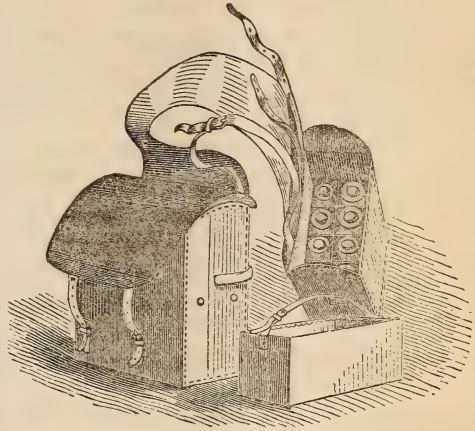
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " and	\$9 50
No. 2, containing	10 1 oz. " " " and	8 50
	10 1/2 oz. " " " and	
No. 3, containing	8 1 oz. " " " and	7 50
	8 1/2 oz. " " " and	

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " " and	
" " "	1 Mortar, " " " and	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " and	
" " "	1 Mortar, " " " and	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " " and	\$12 00
" " "	4 Pots, " " " and	
No. 4, containing	20 1 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " " and	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " " and	
" " "	18 1/2 oz. " " " and	
" " "	1 Mortar, " " " and	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " " and	
" " "	14 1/2 oz. " " " and	
" " "	1 Mortar, " " " and	\$16 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1 1/2 oz. " " " and	\$13 00
" " "	4 Pots, " " " and	126 y



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the World's Exhibition in London and New York. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a useful *Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your unequalled "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,
ABDOMINAL SUPPORTERS,
Shoulder Braces,
LACE AND ELASTIC STOCKINGS,
SPINAL APPARATUS,
AND INSTRUMENTS FOR ALL DEFORMITIES.

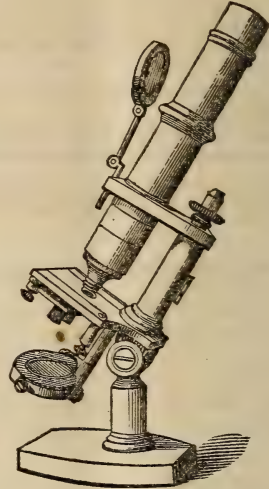
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—ly

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila.

PHILADELPHIA SURGEONS' BANDAGE

INSTITUTE,
(PATRONIZED BY THE MEDICAL FACULTY.)
No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

Illustrations of Materia Medica.

FOR SALE, OVER ONE HUNDRED PAINTINGS, MOSTLY of a large size, suitable for a lecturer, for sale low. Apply at Mr. Sheppard's Drug Store, 9th street, below Walnut.

142-34

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 142.

PHILADELPHIA, JULY 9, 1859.

{ NEW SERIES,
{ VOL. II. NO. 15.

Original Communications.

Teno-Suture—with Cases.

BY A. G. WALTER, M. D.,
Of Pittsburgh, Pa.

The uniting of tendons, which have been accidentally severed, by suture, though generally admitted to be indispensable for the recovery of the injured member, is, however, not as easy of execution as may be supposed. The distal extremities, for instance, of the divided extensor tendons of the fingers will retract into their sheaths, often to a considerable extent, indicated by a circumscribed swelling above the original wound, and requiring free incision of the integuments in the line of their axes over both extremities, as well as of the sheath surrounding them, which being found distended with effused blood, obscures the field of operation, and makes the securing of their extremities at times a very tedious procedure. This, however, being successfully accomplished, the next step—the uniting of the cut surfaces of the tendon in its longitudinal axis—is often greatly interfered with by the spasmodic involuntary contraction of the respective muscles, during which the suture, passed through the tendon above the distal extremity, will tear out, separating its fibres, and necessitating the renewal of the ligature. The common sutura nodosa, when passed through the lips of the tendon, not being sufficient, therefore, to secure the proper and continued approximation of the cut surfaces, the tendinous fibres easily becoming separated by traction, it requires another ligature in addition to the former, in the shape of an ansa, applied some distance above the distal ex-

trinity, and embracing firmly either the whole or some bundles of the tendinous fibres, in a transverse direction to its axis, which being brought out of the wound and stretched over a thick compress, laid across and below the lower lip of the external wound, is fastened around one or two fingers. Thus, by the dragging downward, the upper extremity of the tendon is firmly secured in position, the divided surfaces being retained in close approximation by the sutura nodosa. Spasmodic action of the muscular portion of the injured tendon may not, however, be prevented, but will be at least ineffectual in separating the approximated tendinous lips. The ends of the first suture being left hanging out of the wound, the cutaneous lips are then closed by suture and the hand, which had been kept extended backwards, is secured upon a strong tin or sheet iron splint, applied along the volar aspect of the fore-arm, and reaching past the point of the fingers, by several turns of a bandage. The splint being bent to an angle of 45 degrees, secures that complete relaxation of the extensor tendons and muscles without which adhesion would be prevented. The silver suture, lately so much extolled, where union by first intention is desired, in these cases, too, deserves the preference to the silken one, being less irritating to the ligated tissues. Immediate union of the divided tendinous surfaces will thus be effected by adhesive inflammation along with that of the external wound. Both ligatures, the nodosa and ansa, having cut through in due course of time, a few weeks at furthest, will then be removed, the ansa having divided the distal extremity completely across by absorption without endangering the continuity of the tendon. This process of reparation will at times be

effected by a moderate degree of inflammation of the implicated tissues, but generally phlogosis to a greater degree sets in in the synovial membrane of the tendon, and the cellular tissue surrounding it, spreading rapidly upward along the limb, and giving rise to suppuration in different parts of the tendinous and muscular sheath, which requires free local depletion and incision to evacuate the serous and purulent occidions when established. The matter is generally confined in spots, though the whole tendinous and muscular theca be inflamed ultimately, however suppuration subsides under the use of emollient poultices, the union of the divided tendons having become consolidated.

Stiffness of the fingers remaining for some time, must necessarily follow the reparatory process of nature; for through the inflammatory process set up, and its consequences—skin, cellular tissue, sheath of tendon, and tendon itself, about the seat of injury, become cemented together into one solid mass, and to the subjacent bone, by plastic exudation, to be liberated again after some time, by the process of absorption, eventually restoring the fingers to their proper mobility and function. Though weeks and months may elapse before this end be attained, nature's wisdom in providing an exuberance of cementing material for all the tissues implicated, cannot be questioned, as without it the union would not be firm, and reseparation of the cut surfaces of the tendon may follow. If the lips of the cutaneous wound of the theca and tendon were glued together separately by plastic lymph, it certainly would require a longer time for the proper consolidation of the tendinous scar and the eventual recovery of the member.

The narrative of the following cases will confirm the success of the practice:

Wm. Riley, 21 years of age, of West Pittsburgh, sheet iron roller, was on January 12th, 1858, struck on the back of the left hand, while at work, with a heated sharp piece of iron, inflicting a wound across the back of the hand $1\frac{1}{2}$ inches in extent, with division of the tendons of the extensor communis digit. longus

of the second, third and fourth fingers. Being called in several hours after, the hand was found swollen, the injured fingers dropping with the superior extremities of the tendons, retracted under the skin to the extent of more than an inch. A circumscribed ovular swelling upon the upper part of the back of the hand denoted the situation of the retracted tendons. A free incision was then made over the swelling, crossing the original wound, the flaps of skin were reflected back by dissection, and the coagulated blood removed. The theca tendinaria was now opened, the upper ends of the tendons were pulled out, and each united by a fine needle and silver wire to the lower extremity; hand and forearm were then laid upon a bent splint, the former being thrown backward in order to effect relaxation of the divided structures, and facilitating the undisturbed approximation of the cut tendons. The cutaneous wound being closed by suture, a roller secured the whole in position and quietness. No spasmodic contraction of the muscular body of the tendons followed. Cold water dressings were applied to the dorsum of the hand and forearm, and assiduously continued, yet on the next day great pain and swelling of the hand took place, extending to the forearm, with fever, which was relieved by repeated application of leeches and linseed poultices to the hand, Goulard's solution to the forearm, with general antiphlogistics. The ligature of the tendons came away in two weeks, the wound being closed in three. The hand was gradually allowed to assume its natural position, the splint being removed, and some months after, the stiffness of the fingers having yielded, the patient was able to resume work again, having perfect control of his fingers. Immediate tendinous union in this case was not prevented, though the cut was inflicted by a hot iron, having burned the lips of the wound at the same time.

Calvin Springer, a glassblower by trade, of West Pittsburgh, received June 12, 1858, a cut one inch long across the dorsum of the point between the 1st and 2d phalanx of the left thumb by a piece of glass. The extensor tendon of the finger was cut across, the joint

being opened. The upper extremity of the tendon having retracted, a longitudinal incision was made over the joint crossing the wound, the theca was opened and the retracted tendon secured and united to its lower extremity with a fine needle and silver suture, the finger being kept extended and secured in this position by a splint. Only moderate reaction followed this complicated injury, supuration being slight. Some fungous granulations growing from the articular surfaces, which were removed by cauterization and pressure. Closure of the wound was effected in five weeks. Extension and flexion being perfect, and the integrity of the joint being restored, the patient had recovered the complete and free use of his finger.

James Estep, glassblower, September 16, 1858, in falling off a bench at which he was at work, held on to a sharp iron which cut across the volar face of the articulation between the 1st phalanx and the os metacarp. of the 1st and 2d fingers of the right hand, severing the respective flexor tendons, flexion of the injured fingers was lost. A longitudinal incision was made, crossing the wound in the vola of the hand, the flaps reflected, and the theca tendinea opened. On account of the deep situation of the tendons in this locality, the securing of their cut extremities was effected not without a great deal of difficulty. They were then stitched by the sutura nodosa, the fingers and wrist kept flexed by bandaging. A good deal of inflammation of the hand followed, requiring free leeching and poulticing. After some weeks, recovery took place with free use of the fingers.

Michael Baroo, 21 years old, sheet iron furnace tender, was cut on April 9th, 1859, upon the back of right hand by a piece of sheet iron, which made a flap wound of upwards of 2 inches in extent, severing the extensor tendons of 1st and 2d fingers completely across in the upper third of the hand. The fingers having dropped could not be extended by voluntary exertion of the patient. The cutaneous wound had been closed by sutures by a physician, his hand being secured upon a straight volar splint. The patient not being

satisfied with the mere closure of the wound, without the previous uniting of the divided tendons, some ten hours after the accident requested my assistance. On removing the dressings a globular swelling was discovered more than an inch above the wound, denoting the situation of the distal extremities of the retracted tendons. The stitches of the lips of the wound were removed, a free incision was made across the original wound reaching beyond the swelling, the flaps were dissected backwards, the theca tendinea surrounded by coagulated blood was opened, and the cut surfaces of the tendons secured. Such however was the irritability of the muscle of the extensor tendons, that the suture was torn out by the strong and repeated involuntary contractions. Finding thus our efforts foiled in securing apposition of the tendinous lips, recourse was had to an ansa one-quarter of an inch from the distal end of the tendon, a needle was passed through, encircling some bundles of fibres of the tendon in its middle, which were firmly enclosed by a silver suture. By means of this ligature, the tendon was brought down, when its cut surfaces were re-united by a silver suture. Spasmodic action again took place, but was powerless in separating the lips of the cut tendons. The ends of the ansa were brought out of the wound and stretched over a thick compress applied below the lower lip of the wound, and secured around two fingers. The forearm was bandaged from above down to the wrist in order to set the muscles at rest; and to relax them, both forearm and hand were laid with their vola upon a splint having an angle of about 45 degrees. The cutaneous wound having been closed, a flax-seed meal poultice was applied to the back of the hand. The whole was secured by a roller, an opiate was administered and continued for some days. Some inflammation of the hand with erysipelatous redness, pain and swelling of forearm followed, which was relieved by relays of leeches and emollient fomentations. Suppuration of the wound was moderate, but abscesses formed at different points and times in the course of the sheath of the tendon of the forearm with fever and chills, which had

to be opened, discharging a glairy liquid, not unlike the white of an egg, intermixed with pus; the product of the phlogosis of the theca. Recovery however gradually took place, the wound being closed in 5 weeks, the ligature and sutures having been removed in three. The straight splint was substituted for the rectangular one, which, too, after a short time was removed, when by bathing and the application of soap plaster to the dorsum of the hand, the stiffness of the fingers gradually disappeared. Absorption of the plastic deposit around the wound having taken place, the restoration of the fingers was completed.

A TRIBUTE

TO THE MEMORY OF THE LATE

BENJAMIN KUGLER, M. D.

By E. DONNELLY, M. D.

When a citizen dies, the calamity becomes a great public or private loss, according to the position, character, or individual merits of the deceased. The loss of a man who has filled an important public position creditably, or who has been the instrument of promoting the happiness of a whole community, is felt by all, and we mourn that such a man should be taken from us, but there is hope that a successor will be found capable of filling the vacancy with honor. Not so however with the relatives and friends of the one thus removed; with them there is no hope; no one will ever be found to fill the vacancy in the family circle, and promote the happiness of the select community of which he was the recognized head.

The majority of the public of the present day cannot remember the subject of this notice in connection with any popular or professional movement, as he retired more than twenty years ago from professional or other business, to devote his time to his family, religious and charitable duties; but in former times his intelligence and learning added its influence to that of others interested in the advancement of the State and City. He was the first, I believe, who constructed in the United States an apparatus for making "resin gas," and which was successfully put in operation

to light Peale's Museum when that valuable collection of curiosities existed in the State House. Some of our first railroads were also pushed forward by his energy and capital.

Dr. Kugler was a graduate of the University of Pennsylvania in 1810, at the time of the permanent organization of that institution, when but eight Pennsylvanians, out of a class of over 400, were honored with a diploma. His love for medical science continued during his life, and the late Dr. Janney used to say, that few men understood anatomy and physiology so well as Dr. Kugler. Drs. Kugler and Janney had been constant friends for half a century, and the evening before the death of the former, Dr. Janney, as he pressed the hand of his old friend at parting, could not restrain his feelings, and the tears trickled down his venerable cheeks, little thinking then that he would precede him to the eternal world.¹

In domestic life it is our duty to lift enough of the veil to disclose his love and affection to those connected with him by the ties of consanguinity or of friendship. He never wearied in acts of kindness to his family, whose wants he anticipated and supplied with the utmost liberality, and whose pleasures he planned to the gratification of all, and joy to himself in producing so much happiness in others. The same kindness and the same liberality were extended to all who enjoyed his hospitality, as the writer of this brief tribute to friendship has frequently experienced. The numerous poor on whom the heavy blows of misfortune were made to fall lightly in consequence of his charity, will feel his loss. He never failed them in the hour of adversity; they were received with kindness and went away bearing the gift of charity.

During his tedious hours of suffering he acted like a sincere christian, and like a christian he died. What joys await such a soul, and what happiness his bereaved widow should feel in having been in conjugal union with such a christian. Living as *one* in all their desires, pleasures and feelings, during their long union,

¹ Dr. Janney died eight hours before Dr. Kugler, and the immediate cause of death in both cases was the same—Paralysis.

it was a severe trial to part, but as the last pressure of the hand, the last look of affection was given by the dying believer to his wife, the impression was conveyed to the mind and indelibly fixed in the soul, that beyond the narrow confines of the tomb they would meet again in a better world, never to part.

He died on the 8th of June.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Leveck.

JULY 2d.

The size of the class in attendance at the Hospital permitting, the members accompanied Dr. Leveck through the medical wards, in which the students had an opportunity of examining several cases of pulmonary affections, and of typhoid fever.

Some interesting pathological specimens were afterwards exhibited in the amphitheatre, a description of which we give below, together with the remarks of Dr. L.

Pathological Specimens. Miliary Tubercles of Lungs.—2 Cases.—Since the last clinical day, two patients have died of phthisis. They have been instructive cases; affording an illustration of the occasional difficulty of diagnosing phthisis by physical signs alone.

In the first case the patient had informed us that his cough commenced six weeks ago. He had been much exposed to dust while beating carpets; had been of intemperate habits, but lately reformed. He had the appearance of a man threatened with mania-a-potu; some slight apprehensions of evil, but not decided fear. We thought it necessary to return to the usual stimulants, and gave him, besides, one-fourth grain of opium every 2 or 3 hours.

Here I would caution you from being diverted from the examination of the chest by delirium, particularly with children who are sometimes treated for hydrocephalus when the cerebral affection is only sympathetic.

He assured me that he had no pain. A striking feature was the occasional occurrence of a peculiar blueness of the face; not the simple dusky hue of pneumonia, but almost a bright blue. It showed imperfect aeration of the blood, and left no doubt that there was some pulmonary disorder.

There was, on percussion, slight dullness on the left side, but not sufficient to constitute evidence of disease, and elsewhere the chest was uniformly re-

sonant. Loose subcrepitant rales were heard through the lower portion of the left lung; this in connection with the other signs left no doubt that he had bronchitis either primary or secondary.

The physical signs were not those characteristic of pneumonia, although in the low form of pneumonia in which splenization of the lungs exists, the rales are coarse like those of bronchitis. No evidence could be obtained from the sputa, which he swallowed. The delirium continued, and he died, day before yesterday.

The lungs afford a striking illustration of miliary tubercles; they exist in thousands, occupying the whole substance of the organ. I may here state that a tuberculous inflammation existed in the brain. The lungs have not collapsed; they float on water, showing permeability to air; and even now on percussion we elicit a perfectly clear sound. I think that hereafter this peculiar appearance of the face will have its effect with me in forming a diagnosis.

Case 2d.—Sick since Christmas; recently of correct habits; had hoarseness, cough, emaciation and diarrhoea. Judging from the rational signs, it was without doubt a case of tuberculous disease. By auscultation and percussion nothing indicative of tuberculous disease could be elicited; on the contrary, there was remarkable clearness of the chest, and the respiration was natural, or nearly so. Percussion is even now perfectly clear. The tubercles are much more aggregated than in the other case, but in neither case have they advanced to the stage of softening, and the deep seated portion of the lung is the most affected; while the exterior is studded with emphysematous bullæ, as it were. It floats upon water, but this is owing, no doubt, to the emphysematous exterior.

How can we account for the clearness on percussion? We must bear in mind, first, the emaciation of the walls of the chest, but the real cause, I have no doubt, is the emphysema of the external portion. Perhaps very strong percussion might have developed the condition underneath; but with ordinary percussion the condition of one portion antagonized the other.

Emphysema is not of uncommon occurrence. It is found in asthma, and its existence may lead to a mistake in diagnosis. Suppose one lung healthy and the other emphysematous. In one there is preternatural clearness, and the sound one is taken for the diseased, because duller on percussion.

The existence of such extensive disease with so little evidence afforded by the usual physical signs during life, might be adduced as showing the worthlessness or imperfectness of the knowledge obtained by physical exploration. In this case it revealed nothing; but such instances are rare exceptions. Those of you who accompany me in the wards have

had opportunity to see the usefulness of physical exploration in determining or confirming a diagnosis, the correctness of which, in fatal cases, post-mortem examination has revealed.

The *heart* here exhibits fatty degeneration; not a mere deposit of fat, but a conversion of the muscular substance into fat, impairing its contractile power. His sudden death may be explained in this way: he was found dead in his bed by the watchman on his round.

The *larynx* is extensively diseased. It is covered with ulcers, and the epiglottis is entirely eaten away. Tuberculous ulcers exist in the bowels.

Service of Dr. Neill.

(Continuation of May 25th.)

Sudden Venous Swelling in the Groin.—This patient was just brought to the hospital. The accident occurred two hours ago. He was caught and jammed between a fire engine and a heavy wagon. His groin immediately commenced swelling; he walked a few steps and then fainted. His prostration is extreme, his pulse very feeble, and his countenance exsanguinous.

There is a large prominence occupying the groin of the left side, soft, fluctuating, uniform, and of a dark, venous color, rising to the height of six inches, and extending from the ant. sup. spi. process, midway to the umbilicus, and six inches below Poupart's ligament, involving the scrotum and skin of the penis. The temperature of the limb is good, and pulsation can be detected in the tibials, which shows that it is not a rupture of the femoral artery.

From the position, size, and instantaneous formation of this tumor, we judge that it may be rupture of the saphena, pudic or spermatic vein, more probably the femoral itself.

We hope the effusion will be absorbed; this will be the object of the treatment. Cloths wet with cold water will be applied, stimulants given, and mustard applied to the abdomen, to enable him to recover from the shock.

Fracture of the Leg.—The object in showing this case to-day, is because there is an indication to be fulfilled which was not pointed out before in other cases exhibiting fracture of the leg. It is rarely the case that a fracture of the leg is attended with so much shortening as to require extension and counter-extension. Occasionally such a demand exists, as when the fracture involves both bones near the ankle, and is very oblique. There is here $\frac{3}{4}$ of an inch shortening, which it is best to obviate, if possible.

In the leg we were a little at a loss how to produce effectual extension. Two or three methods had been adopted. One was, to use the long splint of Desault, as in fracture of the thigh. An apparatus devised

by Hutchinson was another, in which two short splints were secured by tapes around the knee, and extension applied to the foot by a gaiter or handkerchief. There were difficulties with this, the tapes chafed, and the handkerchief was inconvenient also.

The patient has on an apparatus devised by Dr. Neill, an account of which he published some years ago, which has accomplished its object satisfactorily in several instances, and fulfill the indications very well in this case. It consists of a long fracture box, the sides of which are sawed in two. Extension is made by a loop of adhesive plaster, just as in treatment of fracture of the thigh, fastened to the foot-board of the fracture box. The counter extension is effected by securing broad strips of adhesive plaster to some distance below the knee, and fastening them to the upper extremities of the sides of the box.

There is some difficulty in securing the extension when the fracture is pretty low. Owing to this difficulty of extension from the foot, Dr. N. showed another apparatus which might be of use in fracture near the ankle. It is a modification of Hutchinson's splints. These splints are a foot to 18 inches longer than the original. The counter extension is made by broad bands of adhesive plaster, which are made to adhere to the leg below the knee, and to the upper extremities of the splints.

The extension is accomplished by securing the foot to a wooden sole by numerous strips of plaster successively applied. This foot-board has the extending band attached to it, and is then secured to the bar passing through the lower extremities of the splints. This band can be tightened by twisting, as has been already applied by Dr. N. in fracture of the thigh.

No excoriation of the foot occurs, and the splints may be opened out by withdrawing the bar, being hinged, as it were at their upper end.

Fractures of the Arm—Fracture of the Forearm—Case 1st.—This case I made the basis of some remarks on splints. It has progressed favorably. No roller was applied, and the interosseous space is well preserved. A long palmar and short dorsal splint have been used.

Case 2d.—Of recent occurrence; presents swelling about the elbow. If practicable, will determine the nature of the fracture now, if not, will wait until the swelling subsides. Rotation is readily performed. I will say there is not fracture of the radius. I run my finger firmly down the ulna, and flex the forearm. The probability of the forearm being injured is thrown out, and this reduces the chance of injury to the lower end of the humerus.

There is fracture of the external condyle. An *internal angular splint* will be used.

Case 3d.—Fracture of Ulna near Olecranon Process.—This bone is generally fractured in its lower third, where it is smaller. There is probably partial displacement of the head of the radius. An anterior splint reaching to the palm, and a short dorsal splint, will be used.

Case 4th.—Fracture of Internal Condyle.—Fractures of the condyle are always to be treated by angular splints, and generally a lateral angular splint applied on the inside is sufficient; but sometimes it is the case in fractures of the internal condyle, that the fragment has a tendency to pass forward in front of the joint.

It is in these cases that an *anterior angular splint* is better adapted to retain the fragment in its proper position, and it was applied in this instance.

Tumors on the Chest.—This patient presents two tumors on his chest. One on the left side, near the sternum, on the cartilages of the ribs, elevated an inch and a half, red, acuminate and fluctuating. It has a hardened base. Also, on the other side, there is a tumor not so soft nor pointed. I suspect them to be cysts; they might be a dozen other things. When these cysts become puriform they are troublesome to manage; and when allowed to open spontaneously, sinuses and fistulous orifices exist constituting an exceedingly obstinate affection.

The more inflamed tumor was opened by a guarded incision, of an exploratory kind, which being enlarged, a curdy, sebaceous substance was discharged. The walls of the cyst were broken up by the finger, and the wound closed, a piece of lint being introduced into the centre.

MAY 28TH.

Reparation of Burns.—*Case 1st.*—The first cases which I will present show the result of treatment, and the reparative power of nature. I doubt if you would recognize this patient whom you saw three weeks ago, with his face enormously swollen, and covered, together with his hands and portions of his scalp, with vesications and superficial sloughs. His voice was almost entirely suppressed when admitted into the Hospital.

The inhalation of flame and the husky intonation of the voice made us fear an oedematous condition of the larynx, always regarded as a dangerous symptom. An abscess formed subsequently beneath his chin.

The true skin was here involved to a very trifling degree, and the only applications have been mucilages and poultices. Part of it has healed by a useful form of reparation—scabbing or drying of the cuticle.

Case 2d.—Burned by camphene. When first seen there was upon the back a large brown, charred surface, involving half the depth of the true skin: this has sloughed away, and there now remains a beautiful example of reparation by granulation. You will observe whitish lymph spots in the centre becoming cuticle. As a general rule this commences at the periphery; but you will see occasional manifestation of this process apart from contiguity with the neighboring skin.

There seems to be a determinate power in the reparation of special tissues, independent of any force exerted from the germs of the sound periphery.

It may be necessary to stimulate cicatrization here, toward the end of the process, by astringent solutions.

Result of Operation for Staphyloma, caused by a Burn.—In this patient there was a staphylomatous condition of the cornea. There had been destruction of the cornea, leaving a painful bulging cicatrix, with which the iris coalesced. I removed a flap from the cornea in which the iris was entangled, several days ago.

The cornea has contracted: the size of the globe is not much diminished and the pain is removed.

Venous Tumor.—This patient is in a very different condition now. You saw him four days ago when a large bloody tumor suddenly formed by effusion from the femoral, saphena, or spermatic vein. The shock was severe. He was pallid, and had a quick, fluttering pulse, of little volume and force. There was pulsation in the tibial artery. The suddenness of the effusion was so great, as in his own idea, to assist in the recoil of the wheel against which he struck. Its very rapid absorption is a good point: even on the next day it had greatly diminished. We endeavored to produce absorption by cold applications. No matter how great the effusion, there is a chance for its absorption. * If the tumor had remained and nature had tried to slough it out, the treatment would be very different.

When reaction took place nausea set in, and some chilliness. The cold cloths were removed, and lint wet with lead water and laudanum was applied, covered with oil silk. His diet was stimulating and nourishing.

Gleet and Orchitis.—Upon making a superficial examination of this man's person you notice several large cicatrices in the groin—the result of bubo and former syphilitic disease.

There is a swelling of the testicle upon the right side; and you also see several scars upon the prepuce, and upon the right side of the corona glandis an opening, which the introduction of a probe

proves to be a fistulous track connecting with the urethra.

This man was in the house six months ago with chancre; and at that time a bougie could be passed from the urethra through the sinus. Since his discharge from the house he has had an attack of gonorrhœa; the running takes place from both orifices.

Dr. N. then dwelt upon the subject of gonorrhœal enlargement of the testicles. His views upon this subject have already been given in a previous number of the REPORTER.

The treatment for acute gonorrhœa, which he had pursued for several years, and always with success, consists in the free administration of *saline diuretics*.

The following was prescribed—

R. Potas. bitart., $\bar{z}$ iv.
Potas. nitrat., $\bar{z}$ ss.
Antim. et potas. tart., gr. j. M.

Dose. A teaspoonful three times a day.

Operation for Fatty Tumor.—A fatty tumor was removed from the anterior edge of the scapular region of a hysterical female. A vertical incision five inches in length was made in the skin, and the tumor removed by a few strokes of the knife; the edges were closed by the silver suture, assisted by adhesive strips. Ether was not administered on account of disease of the chest, from which the patient had suffered two years before.

Medical Societies.

PROCEEDINGS OF THE TWELFTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Society convened at the Hall of the University, in Philadelphia, at 11 A. M. on Wednesday, June 8th, 1859, Dr. Smith Cunningham, of Beaver, President, in the chair. By request, Rev. Dr. Stevens opened the session with prayer.

Dr. W. JEWELL, of Philadelphia, on behalf of the Philadelphia County Medical Society, welcomed the delegates to the City of Philadelphia, and its hospitalities. He said they had left their social pleasures, their studies, their rounds of duty, to renew at the Mecca of Medicine, and almost in sight of their *Alma Mater*, their devotion to the principles of their time-honored profession. By the maintenance of these systematic organizations among the members of the profession, the best interests of their noble calling were protected and preserved. Thus, and thus only, could they defeat the stratagems of the charlatan, &c. In conclusion, he again

cordially welcomed them, and sincerely hoped that the kindness and good feeling that had marked the former meetings of this society would continue in full force.

The President announced to the Society, that Dr. Henry Hartshorne, one of the Recording Secretaries, was absent in Europe, and therefore it devolved upon the Society to fill the vacancy.

On motion of Dr. H. Carpenter, of Lancaster, Dr. John P. Edge, of Chester Co., was elected for the unexpired term.

On motion, the President appointed Drs. Schrack, of Montgomery, Brown, of Perry, and J. T. Carpenter, of Schuylkill, as a committee to examine and report upon the credentials of delegates.

On motion of Dr. Jewell, the committee was increased to seven members, and Drs. N. S. Marshall, of Chester, H. Carpenter, of Lancaster, C. T. Reber, of Berks, and C. T. Bliss, of Bradford, were added.

Dr. Jewell, Chairman of the Committee of Arrangements, announced to the Society that invitations to visit the following scientific and charitable institutions had been received by him, viz: the Pennsylvania Institution for the Instruction of the Blind, Pennsylvania Institution for the Deaf and Dumb, Pennsylvania Academy of Fine Arts, Academy of Natural Sciences, Wistar & Horner Museum, Museum of the Jefferson Medical College, Museum of the Pennsylvania Medical College, Pennsylvania Hospital for the Insane, Blockley Hospital, etc., etc.

On motion, these were accepted, and thanks returned to the authorities of said institutions.

The Committee on Credentials reported the following as a list of delegates appointed by the different County Medical Societies:

Beaver County.—*Dr. S. Cunningham.

Berks County.—*Drs. P. G. Bertolet, *M. Luther, *C. T. Reber, *P. Wiley, *A. A. McDonough, and *E. Wallace.

Blair County.—*C. Irvin.

Bradford County.—*Drs. C. T. Bliss, *E. P. Allen, *G. F. Horton, and E. H. Mason.

Carbon County.—*Drs. Benj. Rush McConnel, and *H. B. Beuhler.

Chester County.—*Drs. Wilmer Worthington, *W. D. Hartman, *N. S. Marshall, *E. Maris, *J. R. Everhart, *J. P. Edge, and *A. K. Gaston.

Indiana County.—*Drs. Wm. Anderson, and *T. Mabon.

Lancaster County.—*Drs. P. Cassidy, *John L. Atlee, Sr., *F. Hinkle, *S. Parker, *J. Aug. Ehler, *W. H. Boone, *J. B. Stubbs, *S. R. Sample, J. Ream, and G. J. Hoover.

Lebanon County.—*Drs. B. F. Schneek, *W. M. Guilford, *H. A. Fahnestock, and *P. M. Schweinhart.

Mercer County.—*Dr. S. S. Mehard.

Montgomery County.—*Drs. C. Shoemaker, *C. H. Hill, *J. Schrack, and *L. W. Read.

Northampton County.—*Dr. J. R. Ludlow.

Perry County.—*Drs. R. S. Brown, *J. Lefevre, and *J. E. Singer.

Philadelphia County.—*Drs Wm. B. Atkinson, *W. L. Atlee, *John Bell, *A. C. Bournonville, *A. Cheeseman, *D. D. Clark, *D. Francis Condie, *Levi Curtis, *Benj. H. Coates, *H. E. Drayton, *Thos. M. Drysdale, G. Emerson, *A. H. Fish, *A. Fricke, *W. Gallaher, *Wm. H. Gobrecht, *Samuel D. Gross, *N. L. Hatfield, *A. Helffenstein, *Wilson Jewell, *Alfred L. Kennedy, *W. L. Knight, *John F. Lamb, S. Littell, *Wm. Maybury, *J. Aitken Meigs, *A. Nebinger, *Owen Osler, *W. B. Page, J. E. Rhoads, *Isaac Remington, *L. Rodman, *Preston W. Russell, *J. H. Smaltz, *H. H. Smith, A. Stillé, *A. Owen Stillé, *W. D. Stroud, *Robert P. Thomas, G. B. Wood, and *J. H. Worthington.

Schuylkill County.—*Drs. J. T. Carpenter, B. F. Shannon, and *A. A. Halberstadt.

Susquehanna Union, (Columbia and Montour).—*Dr. F. C. Harrison.

Susquehanna County.—*Dr. W. L. Richardson.

York County.—*Drs. G. L. Shearer, and *T. L. Cathcart.

Ex-officio Delegates

*Dr. Henry Carpenter, of Lancaster County, Vice President.

*Dr. W. H. Gunkle, of Chester County, Vice President.

*Dr. W. Corson, of Montgomery County, Vice President.

*Dr. Joseph Carson, of Philadelphia County, Corresponding Secretary.

*Dr. John K. Raub, of Lancaster County, Recording Secretary.

The report was accepted.

On motion of Dr. J. L. Atlee, Sr., all regular physicians present, from counties not represented, or in which no organization existed, were invited to seats as members, after having reported themselves to the Committee on Credentials.

On motion of Dr. Carpenter, of Lancaster, the calling of the roll was deferred till afternoon.

The President then delivered the annual address. Its subject was Utero-Gestation, the variations in its length, being fully illustrated by remarkable cases, etc.

On motion of Dr. Worthington, of Chester, the thanks of the Society were tendered to the President for his address, and a copy requested for insertion in the Transactions.

On motion of Dr. D. F. Condie, the reading of the Journal of the last annual session was dispensed with.

Dr. Jewell, on behalf of the Committee of Arrangements presented and explained the programme for the holding of the sessions, and entertainment of the delegates from other portions of the State.

WEDNESDAY.

Morning.—Convene at 11 A. M., and continue in session until 1 P. M.

Afternoon.—Convene at 4 P. M., and continue in session until 6 P. M.

In the evening, an entertainment will be given at 8½ o'clock, by Dr. H. E. Drayton.

THURSDAY.

Morning.—Convene at 9½, and adjourn at 2 P. M.
Afternoon.—Visit at 3 the Blind Asylum, where a special entertainment will be given.

Convene at 5 o'clock, and adjourn at 7.

In the evening, an entertainment at 8½ o'clock, by Dr. S. D. Gross.

FRIDAY.

The delegates are to meet at Vine street wharf at 7½ A. M. to go to Atlantic City, where they will be entertained by the Philadelphia delegation.

In the intervals, the delegates were expected to visit, at pleasure, the Academy of Fine Arts, Academy of Natural Sciences, the Museums of the University, Jefferson, and Pennsylvania Medical Colleges, the Insane Asylum, the Hospitals, and the Asylum for the Deaf and Dumb.

On motion, the order of arrangements, as read, was agreed to.

DR. NEBINGER, of Philadelphia, moved that a nominating committee, to select officers for the ensuing year, be appointed, said committee to consist of one from each county represented, the members to be named by the respective delegations. Which was adopted.

On motion of DR. MAYBERRY, of Philadelphia, a committee of three was appointed to examine the minutes of last session, and report all items of unfinished or deferred business. The President appointed Drs. Mayberry, Cassidy of Lancaster, and Hunter of Bradford.

The Society then adjourned till 4 P. M.

AFTERNOON SESSION.

DR. CARPENTER, Vice President, in the chair.

The roll was called, and the minutes of the morning session were read and approved.

The committee on nominations, selected by the respective delegations, consisted of the following members:

Drs. S. Cunningham, Beaver co.; C. T. Reber, Berks; E. P. Allen, Bradford; B. R. McConnel, Carbon; W. Worthington, Chester; T. Mabon, Indiana; S. Parker, Lancaster; H. A. Fahnestock, Lebanon; S. S. Mehard, Mercer; C. H. Hill, Montgomery; J. R. Ludlow, Northampton; J. E. Singer, Perry; A. Nebinger, Philadelphia; J. T. Carpenter, Schuylkill; F. C. Harris, Susquehanna Union Medical Society; W. L. Richardson, Susquehanna; G. L. Shearer, York.

This committee were authorized to fix the place for the next meeting of the Association.

A list of the officers and members of the Carbon county Society was read, and referred to the Committee on Publication.

* Those marked with an asterisk were present.

The report of the York County Society was read, and referred to the Committee on Publication.

It being the hour previously agreed upon. Dr. Parrish, of the School for Feeble Minded Children, was announced in attendance with several of his pupils. He exhibited the various methods of treatment employed in that institution, and mentioned many facts which show the great importance and good results of exercise and proper management, judiciously carried out.

DR. H. CARPENTER moved a vote of thanks to Dr. Parrish, but upon the suggestion of Dr. CONDIE, that, so convincing an illustration of the important benefits which have resulted from the labors of Dr. Parrish, required a more elaborate expression in its favor, it was withdrawn by the mover, with the understanding that he should present another motion in the course of the session.

The report of the Philadelphia County Medical Society was presented, and referred to the Committee on Publication.

The report of the Treasurer, Dr. R. P. Thomas was read, and referred to an auditing committee, consisting of Drs. Wallace, Shearer, and Sample.

In accordance with a clause of the constitution, requiring each County Society to report any action which might have a bearing upon the code of ethics, a report was read from the Philadelphia County Society as follows:

Certain resolutions had been presented in that body, which had been referred to the Board of Censors, who reported as follows:

"In reply to the propositions embraced in the resolutions submitted for their opinion, the Censors would respectfully report, that they would recommend the members of the regular profession to withhold from the faculties and graduates of female colleges, all countenance and support, and that they cannot, consistently with sound medical ethics, consult or hold professional intercourse with their professors or alumni.

D. F. CONDIE,
Secretary of Board of Censors."

R. J. LEVIS,
Rec. Sec. Philada. Co. Med. Society.

On motion of DR. CONDIE, this report was referred to a committee of five, with instructions to report before the final adjournment of the Society.

The President appointed the following as that committee: Drs. D. F. Condie, Luther, Singer, Worthington, and Cassidy.

The nominating committee announced their report as ready, which was, on motion of DR. ATLEE, laid on the table for the present.

DR. A. L. KENNEDY then presented, on behalf of Dr. H. Hartshorne, (now in Europe.) a copy of his medical record, etc., for inspection by the members.

The Society then adjourned till half past nine o'clock on Thursday morning.

THURSDAY MORNING, JUNE 9TH.

The Society met pursuant to adjournment, the President, DR. CUNNINGHAM, in the chair. The roll was called by the Secretary.

DR. B. H. COATES, of Philadelphia, offered the following:

Resolved, That the Society has learned with deep regret the death of its respected and valued member DR. BENJ. S. JANNEY.

Resolved, That those delegates to the present session, who shall be in the city at the time, will, in testimony of respect and regard, attend the funeral.

Resolved, That a committee be appointed to communicate to the family of the deceased, the feelings of this Society.

Resolved, That these proceedings be published in the daily papers.

On motion, these resolutions were adopted, and Dr. Coates appointed as the committee.

After some remarks concerning the death of Baron Humboldt, alluding to his valuable services to science, his great fondness for Americans, and his close connection with medical science, Dr. Coates also offered the following resolutions:

Resolved, That this Society feels with deep regret the loss sustained by science and humanity, in the death of BARON ALEXANDER VON HUMBOLDT, the teacher and patron of science, and the friend of America, and the people which inhabit it.

Resolved, That the Secretaries be instructed to include these resolutions in that part of the proceedings of this Society which shall be ordered for publication.

DR. CONDIE, from the Committee on the distribution of Vaccine Virus, reported progress. He said that during the year a large quantity of pure virus had been distributed, and that he still had on hand a small quantity, which would be given to those members who made application to him. He deprecated the practice of sending it by mail, as even the short distance of sixty miles would cause a deterioration, perhaps complete destruction of its powers, in consequence of the heat generated in the mail bags.

On motion of DR. ATLEE, the committee was continued, and Dr. Condie was requested to furnish his report for publication.

DR. MAYBERRY presented the report of the Committee on Unfinished Business, they having found the following items:

1. Memorial from the Philadelphia Medical Society, with accompanying resolutions, (vide Transactions, for 1858, page 15, et seq.)

2. Dr. H. Carpenter's proposed amendment to first section of Art. VI. of the Constitution, (Ibid., p. 15.)

3. Report of committee to procure a supply of

vaccine virus from the original source, Drs. Condie and Emerson, committee, (*Ibid.*, p. 19.)

4. Report of the officers of the society who were continued a committee to "increase and extend the organization of the profession throughout the State. (*Ibid.*, p. 19.)

5. Annual report from Committee on Meteorology, Dr. Kennedy, chairman. (*Ibid.*, p. 17.)

On motion of Dr. THOMAS, the report was laid on the table for the present, to enable the Society to proceed with the county society reports.

The Committee to Audit the Treasurer's Accounts reported that they had found them correct.

The reports of the Beaver and Bradford county societies were presented and referred to the Committee on Publication.

Dr. S. D. GROSS then announced that Dr. Thompson, formerly of Delaware, but now of Philadelphia, was present, and moved that he be admitted to a seat in the Society, which was unanimously agreed to.

The President received him with a few remarks, to which he responded, hoping that the profession would be united in the principles of liberality and kindness, and in waging war upon the charlatany which is so fearfully prevalent.

The report of the Mercer county Society was partially read by the Secretary, when Dr. REMINGTON moved that it be referred to the Committee on Publication.

After some discussion by Drs. CONDIE, JEWELL and others, Dr. CONDIE offered an amendment, which was accepted by the mover, to the effect that all the reports presented at this session be referred to the Committee on Publication, with instructions to examine the same and make any alterations that may be allowed by their authors previously to printing. This motion was adopted.

The reports of the Indiana, Susquehanna, Schuylkill, Perry, and Montgomery county societies, with sundry biographical notices which were on the table, were therefore referred in accordance with this motion.

Dr. WORTHINGTON, of the committee to whom were referred the resolutions emanating from the Philadelphia County Society, concerning female colleges, &c., reported endorsing their action, which report, on motion of Dr. COATES, was adopted as the sense of the Association.

Dr. CARPENTER, of Lancaster, presented the following preamble and resolutions:

Whereas Dr. Joseph Parrish, Superintendent of the Pennsylvania Training School for Feeble-minded Children, has favored this Society with a very interesting exhibition of his system of instruction and training, affording the most gratifying evidence to the benevolent mind and heart that for this deplorably helpless and forlorn portion of our fellow beings,

from whose souls the light of intelligence and reason has heretofore seemed hopelessly excluded, there still exists a prospect of restoration most pleasing and encouraging, therefore be it

Resolved, That this Society highly approve of the system of instruction and training so successfully pursued in this institution, and of the noble and praiseworthy efforts so patiently and perseveringly employed to restore again to intelligence and usefulness this most unfortunate class of our fellow creatures, and that we warmly commend it to the consideration of the philanthropic and benevolent.

Resolved, That the thanks of this Society be tendered to Dr. Parrish and his assistants, for their very interesting and gratifying exhibition of the progress of his pupils.

On motion, the preamble and resolutions were unanimously adopted.

On motion of Dr. CHEESEMAN, of Philadelphia, the Society proceeded to the consideration of unfinished business.

On motion of Dr. CURTIS, it was agreed to take up the items in their order as reported by the committee.

The memorial of the Philadelphia Medical Society, presented at the last annual session, (*vide Transactions*, 1858, folio 13 et seq.) being first in order, was read by the Secretary—

When Dr. H. CARPENTER moved that it be referred to a special committee for their consideration, to report at the next annual meeting.

The question was discussed by Drs. Condie, J. L. Atlee, Sr. of Lancaster, A. Nebinger, Worthington, of Chester, Jewell, and Bell, when

Dr. CARPENTER withdrew his original motion, and moved that the whole matter be indefinitely postponed, which was unanimously adopted.

On motion, the Society adjourned till 5 P. M.

AFTERNOON SESSION.

The Society met at 5 P. M., the President in the chair.

On motion of Dr. R. P. THOMAS, the reading of the minutes and calling of the roll were dispensed with.

Unfinished business was then resumed.

In the matter of increasing and extending the organization of the profession, Dr. CUNNINGHAM, as chairman of that committee, stated that he had made sundry individual efforts, but there had been no joint action by the committee.

On behalf of the Committee of Publication, in the absence of the chairman, Dr. Kennedy, Dr. THOMAS made a verbal report, and moved that the committee be instructed to furnish a report for publication, which was adopted.

Dr. MAYBURY then offered the following:

Resolved, That the Committee of Publication be instructed to insert over the title page of the forthcoming volume of the *Transactions*, before "an-

nual," the word "eleventh," so that it shall read, "Transactions of the Medical Society of the State of Pennsylvania at its eleventh annual session," &c., which was adopted.

On motion of DR. J. L. ATLEE, the Society proceeded to the consideration of the report of the Nominating Committee, which was read by their chairman, Dr. Nebinger, as follows:

President.—Dr. D. F. Condie, of Philadelphia.

Vice Presidents.—Drs. C. T. Bliss, of Bradford; B. F. Schneck, of Lebanon; John Schrack, of Montgomery; and Edward Wallace, of Berks.

Corresponding Secretary.—Dr. Joseph Carson, of Philadelphia

Recording Secretaries.—Drs. John K. Raub, of Lancaster, and John T. Carpenter, of Schuylkill.

Treasurer.—Dr. R. P. Thomas, of Philadelphia.

Censors, 1st and 2d Districts.—Drs. James S. Carpenter, Schuylkill; H. Corson, Montgomery; W. Maybury, Philadelphia; E. H. Mason, Bradford; J. P. Edge, Chester; W. H. McGill, Montour; A. S. Bare, Lancaster; and C. H. Wormer, Berks.

Censors, 3d and 4th Districts.—Drs. W. R. Finley, Blair county; J. B. Luden, Huntingdon; C. J. Hirst, Blair; T. Woods, Lycoming; Joseph Henderson, Mifflin; James Galbraith, Perry; and J. H. Case, Perry.

Censors, 5th and 6th Districts.—Drs. J. Wishart, Washington county; G. W. Allison, Beaver; D. Leasure, Lawrence; J. P. Gazzam, Allegheny; J. Lowman, Cambria; E. Griswold, Mercer; and Thomas St. Clair, Indiana.

Delegates to American Medical Association.—Drs. S. Cunningham, Beaver; W. Worthington, Chester; J. E. Singer, Perry; J. S. Carpenter, Schuylkill; W. Corson, Montgomery; J. D. Strowbridge, Montour; Henry Carpenter, Lancaster; W. Jewell, Philadelphia; R. P. Thomas, Philadelphia; E. P. Allen, Bradford; and John Bell, Philadelphia.

Committee of Publication.—Drs. Levi Curtis, A. L. Kennedy, and W. B. Atkinson.

DR. J. L. ATLEE, Sr., moved that the report be accepted, and the nominees be declared the officers of the society.

The retiring President, Dr. S. CUNNINGHAM, made some appropriate remarks.

On motion of DR. JEWELL, a committee was appointed to conduct the newly elected officers to their chairs.

Drs. Jewell and Worthington were appointed the committee.

The officers being installed, the President, Dr. D. F. CONDIE, made a few remarks, returning thanks for the honor, etc.

DR. CARPENTER, of Lancaster, offered the following, which was adopted:

Resolved, That the thanks of this society be tendered to the various railroad companies, for facilities afforded delegates in attending this convention, as also to the different scientific and charitable institutions, for courtesies extended.

On motion of DR. SCHRACK, the thanks of the society were tendered to the retiring President, for

the able and impartial manner in which he had discharged his duties.

On motion of DR. J. A. EHLER, of Lancaster, the following resolution was adopted:

Resolved, That our thanks be tendered to the retiring officers, for the able and gentlemanly manner in which they severally have discharged their duties, and also that a vote of thanks be presented to the Board of Trustees of the University of Pennsylvania, for the use of the room in which the meeting has been held.

On motion of DR. W. H. BOONE, of Lancaster, the following resolution was adopted:

Resolved, That the thanks of this society be and they are hereby most cordially tendered to the Committee of Arrangements, and the citizens of Philadelphia, for their many polite attentions to the delegates to the State Medical Society.

Some discussion was had concerning the time for the next meeting, lest it might conflict with that of the American Medical Association, but no action was taken.

On motion of DR. MAYBURY, the amendment to the constitution proposed by Dr. H. Carpenter, was then taken up.

After some discussion, on motion of DR. C. H. HILL, the whole matter was indefinitely postponed.

DR. KENNEDY, from the Committee on Meteorology, reported progress, and asked to be continued, which was granted.

The Secretary then read the minutes of the day's proceedings.

There being no further business, on motion of DR. J. L. ATLEE, Sr., the society adjourned, to meet again in Philadelphia at 11 A. M. on the second Wednesday in June, 1860.

JOHN P. EDGE,
JOHN K. RAUB,
Recording Secretaries.

The excursion on Friday, June 10th, to Atlantic City.

In cordial response to the invitation of the Philadelphia County Medical Society, the delegates and invited guests met at 7½ A. M. at Vine street wharf, to proceed, by way of the Camden and Atlantic railroad, to Atlantic City. After a pleasant ride of some three hours, they arrived at the seashore, which, by the polite courtesies of the Railroad Company, they were enabled to reach by the cars, thus avoiding a long and tedious walk over the sand. Here a division was made, some preferring a stroll along the beach, and a view of the surrounding objects of interest, while a large majority embarked on a schooner, to test their capabilities for enjoying the hospitalities of Father Neptune. The sky being partially overcast, thus shielding the adventurous voyagers from the ardent greeting of Sol, and a stiff breeze shortly springing up, the enthusiastic pas-

sengers were soon wafted a sufficient distance from the shore, to enable some of them *thoroughly* to experience the truth of the remark, that the sea is treacherous above all things.

Those who embarked, (with a *few* exceptions) considered this portion of the excursion as above all praise, it being to many a pleasure never before enjoyed, and one which was amply filled with *pleasing* incidents. After about three hours of tacking and filling, the party of *sea-worn* passengers arrived safely at the wharf, not a little to the delight of a portion of the company.

At 2 o'clock P. M. the party sat down to a sumptuous and elegant entertainment at the Surf House. Prof. S. D. Gross presided, supported on the right by Dr. Newell, Governor of New Jersey, Dr. D. F. Condie, Prof. S. H. Dickson, and Dr. W. S. W. Ruschenberger; and on the left by Mr. John Brodhead, President of the Camden & Atlantic Railroad, and the ex-Presidents of the society; while at the lower end was Dr. Jewell, the Chairman of the Committee of Arrangements, supported on either side by the committee.

The substantial having been attacked and demolished, various sentiments were read by the President, which were responded to by Drs. Newell, Governor of N. J., S. Cunningham, D. F. Condie, W. Corson, W. Worthington, A. Nebinger, Mr. John Brodhead, President of the Railroad, and others.

Dr. W. Worthington, on behalf of the county delegations, briefly expressed their indebtedness to their Philadelphia brethren, for the generous liberality by which the visit had been characterized.

At 4½ P. M. the impatient engine sounded the warning for departure, and the company were reluctantly compelled, after spending the day in a very delightful and profitable manner, to turn from the many attractions of the place, and arrived in Philadelphia about 8 P. M.

Treatment of Ascarides.—Dr. Nathaniel Smith, of Bradford Co., in this State, recommends in the *Boston Med. and Surg. Journal* assafetida and aloes in the form of tincture for the treatment of ascarides or pin worms. He sometimes gives a smart purgative as calomel and rhubarb to clear the bowels of mucus and other matters. In an extensive practice of more than forty years, Dr. Smith has never known this remedy to fail with persons of all ages from infancy to old age. He adopted the practice on the recommendation of Dr. Mussey in his lectures at Dartmouth College, N. H., some forty-four years ago.

Editorial.

THE PENNSYLVANIA STATE MEDICAL SOCIETY.

We have, at last, the satisfaction of spreading before our readers the proceedings of the Medical Society of this State, at its late session in this city.

It will be observed that a large amount of business was transacted, and an unusual number of reports were received from county medical societies. Most of these were referred to the committee of publication without being read, a plan of disposing of them and of other papers, which, though very common in all our medical societies, is neither very complimentary to their authors, or profitable to the societies. Time enough ought to be allowed at medical society meetings to have reports read and discussed, if they raise any question for discussion.

We have already commented on the action of the Society in relation to the faculties and graduates of female medical colleges, believing that the desired end would have been sooner attained by giving less prominence to the subject.

We hope that the committee on increasing and extending the organization of the profession of the State will exert themselves, so that at the next meeting there will be a larger number of counties represented. The profession of this State is very far from being thoroughly organized.

The several re-unions in this city, and the trip to Atlantic City, gave the members excellent opportunities for extending their acquaintance with each other, and with the members of the profession of this city.

The next meeting of the society will also be held in this city, on which occasion we hope to see a still larger assemblage of the profession of the State.

☛ In consequence of the length of the Minutes of the Pennsylvania State Medical Society, we have been compelled to defer several editorial articles and communications that were intended for this number.

Periscope.

FOREIGN.

[From the German, by L. ELSBERG, M. D., of N. Y.]

Acute Parotitis—In the "*Annalen des Charité Krankenhauses zu Berlin*," there is an exhaustive anatomico-pathological dissertation on acute parotitis from the pen of the illustrious *Virchow*. Our abstract is necessarily but an incomplete fragment. The author first refutes the generally received notion that in acute, especially in purulent parotitis, the disease resides in the alveolar tissue covering the glands, not in the gland itself. True, almost all acute inflammations of the parotid begin with so extensive and uniform swelling in the region about the angle of the jaw, that the presumption is natural enough; but must the swelling, therefore, be the material element in parotitis? Does not chemosis accompany blennorrhœa oculi, œdema glottidis, and perichondritis laryngea? Have we not been long acquainted with tumor albus in caries articuli? What, indeed, should cause the inflammation of the connective tissue but the affection of the gland itself? It is, indeed, proved by anatomical examinations, that generally parotitis proper is early accompanied by a *periadenitis*, that the painful external swelling is, in a great measure, due to this, and that this finally may lead to diffuse phlegmonous suppuration. But thorough examination also proves that this *periadenitis* is only an accompaniment of the affection of the gland proper, and that the latter is always a catarrhal affection—*i. e.* an inflammation primarily affecting the ducts, and afterwards progressing to the alveolar tissue. It has great similarity with many forms of catarrhal pneumonia, catarrhal prostatitis, etc.

The graver, ulcerating forms of parotitis probably bear the same relation to the simpler, (mumps, parotitis, polymorpha,) especially the epidemic, as bronchopneumonia bears to capillary bronchitis. Cruveilhier found parotitis always preceded by an erythematous inflammation of the oral mucous membrane. The parotid gland is to the oral mucous membrane what the prostate or the testicles are to the urogenital mucous membrane. Erythema and catarrh progress from the mucous membrane of the cheek to the excretory ducts of the parotid, just as catarrh of the nasal mucous membrane progresses to the eustachian tube and middle ear. This explains, too, why we have so often catarrhal hard-hearing developed in the same diseases, as scarlet, typhus, etc.,

that evince an especial disposition towards parotid swellings. In the graver cases, caries and necrosis of the middle ear may occur, while the simple, chronic or acute pharyngeal catarrh may be accompanied by parotitis and temporarily difficult, though not permanently impaired audition.

The different varieties of the affection, which may well be designated by the general name, *parotideal catarrh*, are arranged in three groups.

1. The primary, mostly epidemic, simple catarrh, (mumps,) without disposition to suppuration.

2. The secondary, purulent catarrh, (blennorrhœa parotidea,) very easily suppurating, generally combined with preceding catarrh of the oral mucous membrane, and not seldom with affection of the middle ear.

3. The specific ichorrhœmic catarrh, leading almost always to the production of a peculiar acrid pus, very generally in company with ichorrhœmic or embolic metastasis.

The 2d and 3d groups are often united under the name of metastatic parotitis; the secondary purulent catarrh is, however, from its occurrence, nature, etc., much more closely related to the primary simple, than to the specific catarrh, though practically it is often difficult to distinguish it from the latter.

The danger of purulent parotitis is very manifold. When it complicates the later stages of other diseases, it frequently suffices to lead—the patient, already exhausted, the fever renewed or increased—to a fatal issue. If the swelling in the region of the gland be very considerable, parotitis may, by hindering the free circulation of the blood in the numerous veins passing by the gland, produce disturbance of the venous current, œdema of the temporal and ocular regions, oppression, headache, etc. These phenomena will be the more violent if the hindrance to the free circulation be great enough to produce coagulation of the blood in the veins. A thrombosis thus produced becomes doubly dangerous because it may be extended beyond the region of the gland, or breaking down and ichorizing, become the point of departure for emboly and infection of the blood, as also for consequent metastasis to the lungs and other organs. This array of possibilities becomes the more formidable the more the original glandular affection is attended by purulent or ichorous inflammation of the surrounding tissue, which, indeed, very often is present in the graver cases.

More about Iridectomy in Glaucoma.—From what has been published in the REPORTER on this subject, it will have been seen that the very favorable report of Graefe is greatly modified by Jäger's experience ; and as Geissler, on reviewing the same in *Schmidt's Jahrb.* 1859, 1, observes, the old view of a constitutional inflammation seems steadily to regain ground as the results of local therapeutics again become more and more uncertain, so that the old struggle in medicine, which has been silenced so long by the attention bestowed on anatomic changes, may soon be re-kindled.

To present to the reader all that has been reported on the special subject in question, we must yet mention the case recorded by Küchler, of Darmstadt, in the *Deutsche Klinik*, in which Iridectomy, performed on the 18th day after the first appearance of symptoms, (the patient having completely lost her other eye three years ago, and been perfectly blind for two days,) was so successful that the patient, eight days later, could read moderate print with spectacles, could distinguish colors, and possessed unimpaired power of accommodation.

Influence of Hunger on Poisoning.—By the following extract from article xv. of *Virchow's Archiv. Bd. xiv.*, (Hefte 5 and 6,) it is intended to make known some of the results obtained by Dr. Th. Köhler, of Marburg, who, among other interesting experiments, endeavored to determine the influence of hunger upon the activity of poisons—*i. e.* the difference in the rapidity of their resorption in fed and unfed animals. It appears that hunger retards resorption, and delays the occurrence of poisoning and death, so that the generally prevailing idea that an emaciated, weakened individual must sooner succumb to a dose of poison than a well-fed and strong individual, is evidently incorrect. Köhler explains that the rapidity of resorption bears the necessary relation of effect to cause to the number of respirations and the corresponding frequency of pulse. Abstinence of nutriment diminishes the absorption of oxygen pretty steadily till death, corresponding to which the quantity of excreted carbonic acid becomes less. During hunger, the blood, therefore, cannot circulate with the usual velocity, and poisonous substances that must, directly or indirectly, be incorporated with the current, are carried along less rapidly and consequently reach the central parts of the nervous system later than when the usual food

has been taken. Their action must necessarily also, therefore, occur later. The earlier occurrence of death in well fed animals is also thus explained. Circulation on which all processes depend being influenced by respiration, and the state of the nervous system, becomes more rapid when the muscles are violently contracted, and nourished animals distinguish themselves generally from the unfed by their much more forcible and violent muscular action, thus hasten their own destruction.

From the German, by CH. F. J. LEHLBACH, M. D.,
Newark, N. J.

Blood Crystals in Detecting Blood for Medical-Legal Purposes.—In reference to this subject, Prof. Bryk, of Krakau, publishes a paper in the *Wiener Medic. Wochensch.*, of which we give the substance :

On boiling dried blood with organic acids, especially with concentrated acetic acid, crystals of hæmatine are easily obtained, even if the quantity of the blood be very minute. This crystallization permits us to recognize blood-spots, even when the character of the globules cannot be distinguished under the microscope. It is sufficient to put a small portion of the matter which constitutes the suspected spot on a glass plate, reduce it to a fine powder and to cover it with a thin glass plate, after having added a few drops of crystallizable acetic acid, and to heat it gently over the sand bath. After the preparation has been washed it is put under the microscope. There are then seen prismatic or rhomboidal crystals, the great angles of which are generally surrounded by a brown-reddish, or brown-yellow color. These crystals are less abundant, when the blood has undergone putrefaction or been mixed with pus. They are, however, very readily obtained if the blood which is mixed with pus, is first treated with ether.

When these crystals are treated with a concentrated solution of caustic potass, they are observed to change from green to a purple red ; with concentrated sulphuric acid, they take on a yellowish green color, then a brownish red, a dirty violet, a brick-red, and finally a rose-color. These characteristics suffice to distinguish such suspected spots from all others. The crystals produced by bile, react in the same manner with sulphuric acid, but are not modified by potash.

These changes of coloration are obtained with great facility by the same re-agents from colorless blood-spots, even after they have

been washed, provided they contain some atoms of hæmatin. No crystals are however obtained, if the blood spots have been on wood. While these characteristic appearances of hæmatin crystals are thus sure evidence of the presence of blood, this test furnishes no clue as to the species of animal whence the blood came.

Inosit in the Muscles of Drunkards.—In a lecture delivered before the "Schlesisch. Gesellschaft," Dr. Valentiner delivered a lecture on the occurrence of inosit in the muscles of drunkards, the concluding points of which we take from the *Medicin. Newigk*.

1. On a comparative pathologico-chemical examination of the muscular tissue, regarding its crystalline organic constituents in eight cadavers of drunkards, inosit was found in large quantity in the voluntary muscles. 2. In the heart no inosit could be found in any of these eight cases. 3. Neither could inosit be detected in the urine, brain, or in glandular organs, in a quantity corresponding to that found in the muscles. 4. The occurrence of inosit in the muscles of voluntary motion (pectoral muscles being examined) was quantitatively nearly the same in all cases, and appeared independent of degenerations of the muscular tissue observed in some of the cases. 5. In all cases examined, the patients had suffered a shorter or longer time before death from delirium tremens. 6. Age, proximate cause of death, accompanying degeneration of the liver, lungs, kidneys, etc., present in some cases seemed to be without any special influence upon the quantity of the inosit found. 7. This abundant occurrence of inosit, in a constitution subject to chronic alcohol-intoxication seems to be characteristic of the drunkard's cachexia, for in 21 cadavers of persons, who were positively known to be no drunkards, not even traces of this substance could be found.

Division of the Supra-Orbital Nerve for Palpebral Spasm.—Prof. v. Graefe, (*Archiv. f. Ophthalmologie*) has resorted to division of the supra-orbital nerve with perfect success in a patient suffering from violent palpebral spasm, the result of the introduction of a foreign body into the conjunctival sac, and which had been followed by general nervous irritation. He divides the cases in which he has resorted to this operation, into five classes: 1. In patients where after the introduction of

a foreign body into the conjunctival sac a long continued and excessive blepharospasm has occurred. 2. In cases, where after long continued neuralgia of the supra-orbital nerve, a periodically returning blepharospasm has been induced. 3. In cases in which after long continued keratitis spasm of the lids was developed, which did not subside with the sclerotic affection. 4. In cases where at the height of a sclerotic inflammation the palpebral spasm became so severe as to demand specific treatment. 5. In cases where the spasm was a concomitant to an inveterate neuritis of the facial nerve.

Medical News.

Gelatine for Invalids.—The *Lancet* says that in a recent trial, the mode in which gelatine is made, was explained. The best is made of what is called "picker waste," a picker being a thing used in driving the shuttles of power looms, made of buffalo skin, and the pieces cut off in making it are afterwards turned into the gelatine, which finds its way into soups. Sick patients, however, have not always the good fortune to get gelatine made from waste pieces of buffalo hides; for an imitation of this article is constructed out of sheep's trotters, old parchment and waste pieces of glue!

The French Government, we learn from the *Lancet*, has undertaken the expense of the support and education of the son of Dr. Sturme, who recently fell a victim to throat disease, near St. Omer, in France, from sucking out the secretions which were choking a child after tracheotomy.

The ladies in waiting upon her Majesty the Empress of the French, are now, at her suggestion, engaged in preparing bandages and charpie for the hospitals in Italy. The inhabitants of Paris have also been appealed to, and are likely to share in the good work.

An action against a Dentist was maintained in the Bail Court in London, last month. The case was briefly as follows: The plaintiff, a dock laborer, called at the office of defendant, who undertook to extract a tooth from the upper jaw on the right side. Defendant pulled at the tooth six or seven times but it did not come.

The jaw was finally broken, and the plaintiff left the office faint from loss of blood, and unable to close his mouth. He then went to another dentist, who removed two teeth, one sound and the other not, and part of the jaw. Plaintiff was for a month unable to work, and had to live on soft food. The jury returned a verdict of fifty dollars for plaintiff.

The *Lancet* says it does not appear that either of the operators was a member of any college of surgeons.

The subscriptions for a statue to John Hunter already exceed £1000.

Medical aid is wanted for the French army in Italy. The *Lancet* says that notices have been circulated to young medical practitioners and students, that auxiliary assistant surgeons are wanted. Students of one year will be admitted, after a very light examination on anatomy and physiology, and the minor operations of surgery. Their pay is to be almost the same as that of the men actually in the army. Fitness for military service is indispensable, and the young men must enter into an engagement to serve through the whole of the campaign.

The condition of the river Thames is causing no little solicitude to the inhabitants of London. The *Lancet* speaks of it as no better than a great uncovered sewer! It says further, that "unless the Thames be really purified, it may be no myth to say that within the life of the next generation a New Zealander (as Macaulay has it) may stand on the remains of London bridge, and surveying the desolation around him, exclaim, 'Here was once the metropolis of the British empire!'"

On the 7th of June, Dr. Letheby, the Health officer of the city made a report to the civic authorities, in which he stated:—

"The water is now in a high state of putrefaction—in fact, the Thames has been in a very offensive condition for rather more than a fortnight, and has been evolving the same kind of gases and vapors as were let loose from it during the hot summer of last year. The foul state of the river was not observed until about the middle of June, when the temperature was high, as from 70 to 80 degrees, which is nearly 15 degrees above the average of the season, and when there had been a long continuance of dry weather. But this year it is seen a month earlier, without any remarkable elevation of temperature, for the heat of the

preceding three weeks was below the average (53 degrees), and there was a total fall of nearly two inches of rain. I fear, therefore, that it is a sign of what may be expected during the hot months of July and August; and it clearly indicates the necessity for sanitary precautions.

"The river at London bridge is now overcharged with sewage and sea-water. In ordinary times the proportion of soluble matter in the water of that locality at mid-stream is about 50 grains per gallon; of which nearly 30 are common salt, and from three to four organic impurity; but at present it contains about 97 grains of solid matter per gallon, of which 61 are common salt, and rather more than seven are organic impurities. These are in a high state of decomposition, and are giving off ammonia, with that peculiarly offensive vapor which I have already described.

"As it was last year, so also it is now; the water in the middle of the river abounds with the highest forms of infusorial life; but that which is near to the shore is poisonous to almost every living thing but vibriones, and the simplest of vegetable fungi."

Severe Justice.—Mrs. Hobson, a midwife has been committed to jail for manslaughter, by a Leeds coroner's inquest, because she mismanaged a midwifery case, in which the placenta was retained, the subject of the misfortune dying of hæmorrhage under her hands (*Med. Times and Gaz.*). The midwife evidently did her best to get the placenta away; and under the circumstances of the case it does appear to us an extreme case of cruelty. This is rare justice, indeed, to allow the most villainous quacks to poison right and left with impunity; and to punish a poor and probably honest old wife, because she cannot act like a first rate accoucheur!

MARRIAGES.

KIRKBRIDE—HIGBEE.—At Absecon, N. J., May 27th, 1859, by Rev. Mr. Stockton, Stacy B. Kirkbride, M. D., to Miss Emma C. Higbee, all of Port Republic, Atlantic County, N. J.

DEATH.

BELL.—At Tunbridge Wells, England, June 12th, Jacob Bell, Esq., aged forty-five years, the projector, and for many years the editor, of the *Pharmaceutical Journal*. During his life he did more than any other man to elevate the position of the chemists and druggists of England. Mr. Bell was the means of originating the Pharmaceutical Society.

ADVERTISEMENTS.

NATHAN STARKEY,

MANUFACTURER OF

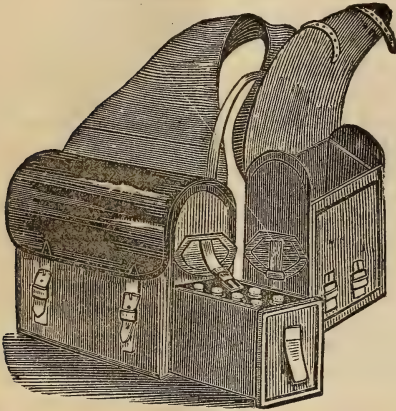
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11, " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
" 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 " "	19 00
No. 3, " 48 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " "	8 50
No. 8, " 16 " " " " "	6 50
No. 9, " 14 " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of these Baths in all the principal cities of Europe, and the desire which has been so constantly expressed by the profession, to have a place, containing the necessary apparatus and attention—has induced the subscriber to open an establishment for their especial administration at No. 1121 Spruce street. The institution has received the highest approval and entire sanction of the most eminent practitioners of this city and New York. Such arrangements have been made, that separate Reception and Bath Rooms, and appropriate attendance, is to be given to the different sexes, and every other privacy, convenience and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly welcomed, and every explanation as to the working and application of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths applied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

139

No. 1121 Spruce street.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital
R. J. Levis, M. D., " "
Isaac Hays, M. D., " "
P. B. Goddard, M. D. 118

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 in advance; single copies, ten cents. The REPORTER will only be sent to those who pay for it. *Notice will be given to subscribers at the termination of their subscriptions.* Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D.,
R. J. LEVINS, M. D., } Editors.

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1859-60.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMMELTAGGART, M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D., " Anatomy.

THEODORE A. DEMME, M. D., Demonstrator of Anatomy.

The Session of 1859-60 will commence on Monday, 10th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the 1st of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in the city.

FEEs.

Matriculation (paid once only) . . . \$ 5 00
For each Professor's ticket . . . 15 00
Graduation . . . 30 00

LEWIS D. HARLOW, M. D., Dean,
No. 1023 Vine, below 11th Street.

J. M. MIGEOD,

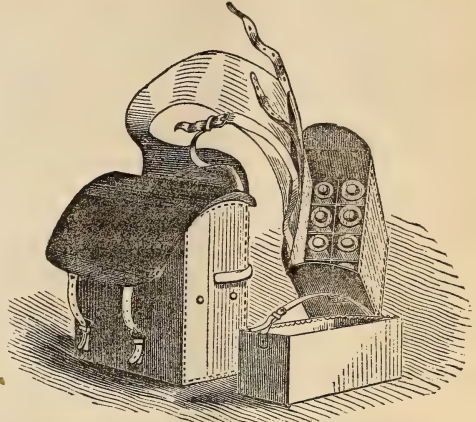
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " and	\$9 50
No. 2, containing	10 1 oz. " " and	8 50
	10 1/2 oz. " " and	7 50
No. 3, containing	8 1 oz. " " and	
	8 1/2 oz. " " and	

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " "	9 50
No. 6, " "	16 1 oz. " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " "	9 50
No. 9, " "	16 1 oz. " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" "	18 1/2 oz. " " "	
" "	4 Pots, " " and	\$19 00
" "	1 Mortar, " " "	
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" "	14 1/2 oz. " " "	
" "	4 Pots, " " and	\$15 50
" "	1 Mortar, " " "	
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" "	10 1/2 oz. " " "	
" "	4 Pots, " " and	\$12 00
No. 4, containing	20 1/2 oz. Ground Stop. Bottles and	
" "	2 Pots, " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop. Bottles,	
" "	18 1 oz. " " "	
" "	18 1/2 oz. " " "	
" "	4 Pots, " " and	\$20 00
" "	1 Mortar, " " "	
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" "	14 1 oz. " " "	
" "	14 1/2 oz. " " "	
" "	4 Pots, " " and	\$16 50
" "	1 Mortar, " " "	
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" "	14 1/2 oz. " " "	
" "	4 Pots, " " and	\$13 00



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

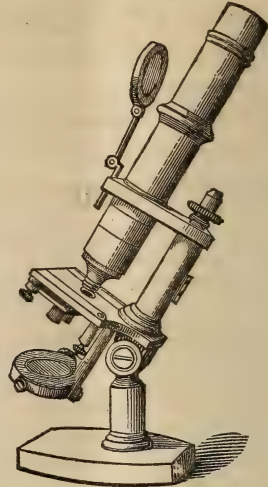
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and daptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Uri nometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—1y

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA SURGEONS' BANDAGE

INSTITUTE,

(PATRONIZED BY THE MEDICAL FACULTY.)
No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett 126-y.

Illustrations of Materia Medica.

FOR SALE, OVER ONE HUNDRED PAINTINGS, MOSTLY of a large size, suitable for a lecturer, for sale low. Apply at Mr. Sheppard's Drug Store, 9th street, below Walnut. 142-3t

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 143.

PHILADELPHIA, JULY 16, 1859.

{ NEW SERIES,
VOL. II. NO. 16.

Original Communications.

ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 8.

CRANIAL REGION (continued).—Having passed over the external surface of the cranium, we may next remove the vault or calvaria, so as to expose the interior. As this becomes a frequent duty with the physician when in quest of pathological changes, the method of accomplishing it will not be unacceptable. After the scalp has been thrown down in the manner specified in a former communication, a knife should be run round the exposed bones, from the superciliary ridges to the occipital protuberance. This serves the double purpose of dividing the periosteum and furnishing a line to direct the saw. The head being now firmly maintained in position, the operator should saw through the external table, diploe, and into the internal table. The facility with which the instrument runs when traversing the diploe will inform him when the inner layer of bone is reached. If a hand long practiced in such manipulations be using the saw, even the vitreous layer may be divided quite through without injury to the membranes within; but when such confidence and skill are not possessed, a blunt chisel should next be inserted into the groove cut by the saw, until it reaches its floor, which is the internal table, and by successive gentle taps passing

around the head from point to point, the connecting layer of bone will be broken; this accomplished, let the chisel be now used as a lever, or the claw of the hammer employed in the same manner to separate the detached calvaria. If at certain places it is found firmly adherent to the membrane within, the handle or a scalpel used at the same time that the vault is being lifted up, will readily effect the separation.

In making the section of the cranial walls the *direction* of the cut, is important. It should be inwards, and at the same time downwards, or towards the cranial base. The two lines in the annexed figure will exhibit the direction as well as the relation of the divided surfaces. *W*. The advantage will be obvious on a moment's reflection. When the section is made directly through, or more correctly on a plane parallel with the base, there will be a constant tendency, when the parts are replaced in the vault, to slip off in some direction, and this change will be quite visible through the soft parts creating a deformity, which however unimportant and trivial to the physician, leaves an unpleasant sense of mutilation upon the minds of friends whose feelings of love or respect inspire the highest sentiments of regard for the disposal and adjustment of the corporeal remains of their deceased. When it is remembered how many cases occur where an inspection of the cavities of the body after death are so much to be desired, the importance of such details cannot be over estimated. In the oblique division, however, as directed above, this displacement cannot take place; as the upper section is received without the lower.

Dura Mater.—This is the first exposed of

the three important membranes which envelope the encephalon when the cranial walls are removed. Its color is a dull grayish white, and is composed of a complex interlacement of white fibrous tissue, forming a membrane of great strength. Its connection to the interior of the cranium is two fold, *fibrous* and *vascular*. Over its surface are seen, branching in tolerably straight lines, the blood vessels from which this vascular bond is derived. These vessels proceed from one or two principal trunks which come up from the base of the skull, the great *meningeal arteries* originating from the internal maxillary arteries, and reaching the interior of the skull through the spinous foraminæ of the sphenoid bones. The position of these main trunks correspond to the anterior inferior angles of the parietal bones. Or if a line be drawn from the cartilage of the ear to the outer part of the orbit, and divided into three equal parts, the vessel will be opposite the junction of the outer with the middle third.

If the separation of the dura mater and the bone is effected soon after death, the whole interior surface of the latter will present a reddish tinge, produced by the exuding blood from the innumerable ruptured vessels, conveying some idea of the vascular supply. These minute trunks pass through the vitreous table to intermix with the vessels from the exterior, and with them to form the diploe plexus. It forms, therefore, among other uses, an internal periosteum. If the degree of tenacity with which it adheres be tested at different portions, the result will be as follows: Along the sutures, especially the inter-parietal middle part of the fronto-parietal and the occipito-parietal, the attachment is very firm; over the inner surface of the squamous portion of the temporal bone, the petrous part of the same, and the four fossa of the occipital bone, it is very readily detached. Along that portion corresponding to the median line of the head, are placed most generally several little tufts somewhat resembling granulations—the *Paccionian bodies*. An inspection of the calvaria will exhibit grooves and little depressions corresponding to branches of the meningeal vessels and these Paccionian bodies.

The dura mater, by separation and reunion of its laminae, forms blood channels, which are termed sinuses, the association of which into one trunk at the jugular foramen forms the commencement of the *internal jugular vein*. If the external layer of the membrane be cut through in a line running from the root of the nose to the external occipital protuberance, the *superior longitudinal sinus* would be exposed. If from this protuberance the membrane be cut into, in a line corresponding to the course of the superior curved ridge of the occipital bone, (this ridge can be felt by running the fingers from the occipital protuberance towards the mastoid portion of the temporal bone, the convexity of the curve being above,) the *lateral sinus* will be exposed. Opposite the occipital protuberance, if the dura mater be opened, the *torcular Herophili* is displayed, being a sudden amplification of the blood channel, in which may be seen orifices of the superior longitudinal, rectus, occipital, and lateral sinuses. Between the crista galli of the ethmoid and the frontal bones is a small orifice, described in anatomical works as the foramen cœcum. In this usually is lodged a vein which communicates on the one hand with the superior longitudinal sinus, and on the other with the veins of the nose.

Fig. 16.



The cut represents a view of the dura mater, with the vessels proceeding from the great meningeal artery, such as would be presented by removing the cranial walls on one side. The two dark lines are designed to furnish an idea of the course of the superior longitudinal and lateral sinuses, and the junction of the two, the torcular Herophili.

Practical Remarks.—The dura mater being a fibrous membrane, is liable to rheumatic affections; and so, also, to the consequences of tertiary syphilis, as manifested by those pains which are so distressing to the patient at night after retiring to rest. The lymph consequent upon its inflammation may become attached to the vitreous table, and become converted into bone or a structure somewhat analogous in external appearance, thus forming a *node* or internal *osteophite*. Bony growths are sometimes seen, which may originate in the same way (exostoses), projecting like stalactites from the inner table, and by pressure upon the brain, producing disturbances in the intellectual manifestations, compression, or epileptic convulsions. There is a very singular formation attending the puerperal state, designated *puerperal osteophite*. In consequence of having been noticed in cases where death had occurred by disease while the patients were pregnant, it was supposed by some to be the result of changes attending the disease, and not as one due to causes connected with the gravid condition of the uterus. More mature observation, however, has shown this not to be the case, as it has been found existing in cases of death by accident, at a time when the person was pregnant. It has been noticed as early as the third month of uterogestation, and will be found to have a preference for the parietal and frontal bones. Sometimes it is seen as a laminated deposit, the laminae corresponding to successive pregnancies. Pus may exist on this membrane, due to change in inflammatory products, and sometimes producing cerebral compression. Fungus granulations may sprout from its surface, also cancerous growths, which last are said always to be on that portion lining the vault.

Tubercles occasionally manifest themselves on the osseous surface of the dura mater in irregular patches, which resemble somewhat the cheesy-looking matter which escapes from a suppurating gland in a scrofulous subject. The Paccionian bodies are sometimes coated with a grayish-looking material, which might lead a careless observer to confound them with tuberculous masses. The distinction is made

by softly scraping the surface with the edge of a knife, when the collection will be removed, and the reticulated appearance of the bodies exposed. These bodies themselves have been esteemed abnormal productions, with which view, however, I cannot concur, and for reasons which will appear shortly in an article in course of preparation, on "The literature, anatomy and use of the Paccionian bodies."

Where an unusual cluster of these bodies exists, and laying among them several small vessels from a branch of the meningeal artery, a singular change occurs in the cranial bone above: the diploe disappears, and the external table is thinned out and expanded, so as to produce an elevation externally quite distinguishable through the scalp. Two specimens illustrative of this condition are now in my possession. In very aged persons, the diploe disappears along the interparietal suture, the walls becoming very thin by the approximation of the two tables in this situation.

The meningeal vessels run between the dura mater and bones, and connect, also, the same parts together. When a force is applied to the head, it may dissolve this union. How? However slight the detachment may be, it must be at the expense of some of these blood vessels; and if so, will be followed by hemorrhage. The leakage from the ruptured vessels will press equally in all directions, but it will gain room at the expense of the surface most yielding, which, of course, will be the dura mater; and then will follow cerebral compression by an extra-membranous clot. If a large surface is separated, this result will occur with considerable rapidity; but the fact that even a very small patch may be loosened, in which case the bleeding will be as it were by drops, and the compression not follow for days, or perhaps weeks, ought to make us exceedingly cautious how we commit ourselves to a prognosis in cases where no immediate bad consequence seems to accrue from accident. The free communication between the vessels of the scalp and those of the dura mater, constitutes a good reason for either the use of leeches or blisters to the former, in inflammation involving the latter.

A blow over the temples or behind the head, will be more liable to detach the dura mater, than elsewhere, as in these localities its attachment is comparatively slight. Along the sutures specified, it would require very marked violence to separate it.

The anatomy of the parts, as explained, also shows that in the application of the trephine to the head, there are certain points which should be avoided, where necessity does not compel a resort to it, as, for instance, over the course of the trunk of the great meningeal artery, the superior longitudinal sinus, the occipital protuberance, and the superior curved lines of the occipital bone. The efficacy of those critical discharges of blood from the nose, which are known to exert so salutary an influence in the course of diseases attended with too great blood pressure on the brain, even though the amount lost is not great, will be explained by the very direct depletion resulting from the communicating vein in the foramen cœcum.

Intermittent Forms of Disease in the West.

By B. WOODWARD, M. D.,

Of Galesburg, Ill.

Though it is not true "that ague is the type of all diseases, and quinine the remedy," still it is true that most diseases in the malarial districts take, in a greater or less degree, the remittent or intermittent form, and that cases are rare in which antiperiodics are not indicated. Not only does this hold good in the well recognized diseases, but it may very often be found in various anomalous forms of sickness. I beg leave to give a few cases from my own note book.

Sept. 12, 1851.—Mrs. R., large, robust woman, aged 45, has resided on Rock River; ill for ten years; has often had ague; complains of deep seated pain in right thigh and side, as high up as the kidney. Has been treated for rheumatism for two weeks without relief. Pain comes on every day about 8 A. M., and lasts till near midnight. Bowels constipated, dejections clay-colored, urine scanty and turbid; has no sense of fever, but I found the tongue having the peculiar white,

bloodless, broad and flabby appearance, so characteristic of ague; pulse 80, but feeble.

R. Hyd. chlor. mit., gr. v.

Quiniae, ℥j.

Morphiæ, gr. ij.

M.

Div. in chart. no. v., and give one every 3 hours, commencing at midnight. Castor oil to be given 3 hours after taking the last powder.

14th.—Found she had had three free movements of the bowels, and the urine increased. Had on the 13th some return of the pain, but did not last so long as before. Has had some pain to-day, but feels better.

R. Quiniae, ℥j.

Ext. tarax. ℥ij.

Div. in pil. no. xx.; one to be taken every 3 hours.

This course cured her, and she had no return of the pain.

Miss. W., age 20. Has had ague, but not within the last three months; has now severe pain in left arm, for which she has been treated for rheumatism; no constitutional disturbance. Having ascertained that the pain was periodic, coming on early in the morning, and lasting till near evening, I had her on quinia for a couple of days. The pain left her, and did not return.

Mrs. K., age 26, mother of three children, is now in commencement of eighth month of pregnancy. Has had ague the most of the time for four months. Was taken to-day, as she supposed, with labor. I found the pains constant and severe, evidently from uterine contraction; os not at all dilated; bowels rather constipated. Ordered enema of starch and ol. ricini, with 40 drops of laudanum. Pains lasted eight hours, then passed off. On the third day I was sent for again, and found the same condition obtaining; pulse only slightly accelerated; no dilatation of os. I did not at this time recognize the true periodic character of the pains, but gave ½ gr. morphia to quiet her. Pains lasted as before, 8 hours, and then passed away. The third time I was sent for, after a like interval, and found all as before. I was now sure I had to do with a masked ague, and put her on quinia. She had

no more of the pains for seven days, when they returned as before. I had her again on quinia, and she went to term without any more trouble, and had an easy and safe labor, and rapid convalescence.¹

Dec. 12, 1855.—Amputated the arm of Samuel Spear, four inches below the elbow, in consequence of destruction of hand and lower part of arm by the bursting of a gun. Through the autumn he had ague, but had had none for five or six weeks. Everything went on well for ten days, when he told me that at 4 A. M. he was taken with severe pain in the stump, and was now suffering very much from it. Examined, and found stump dry and hot, but nothing looking like erysipelas. Gave a saline cathartic and a little laudanum. Pain lasted till midnight. On the next day, in the evening, I found suppuration re-established and arm comfortable. The third day the pain returned as before; stump dry and hot. I could not see him again for a week, in consequence of ill health, but was told, when I did see him, that every other day this condition had obtained, though his friends had sent for another physician by my request, and he had done what he thought best. I ordered, quiniæ, ℥j.; hyd. chlor. mit., gr. iij.; morphiæ, gr. j. Div. in chart. no. v., and give one every four hours, to commence as soon as the pain abated. He had no more trouble, but the arm healed kindly.

These cases are perhaps more curious than practical, but the complications of enteric fever with intermittents I have found sometimes very troublesome, and at some future period may trouble you with them.

¹ Dr. Woodward's experience in this disease is apparently different from that of a writer in one of the Southern medical journals a few years since, who stated that quinia given during pregnancy would cause abortion. Not having the article to refer to, however, there may have been a difference in the conditions in which it was given. The quinia may have been given in ten grain or scruple doses, and the observations made in the earlier stages of pregnancy. Still, we must confess to having had doubts of the correctness of the observations at the time. If any of our readers can throw additional light upon the subject, we would be glad to have them do so.—EDS. MED. & SURG. REP.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

JULY 6TH.

Service of Dr. Pancoast.

(Reported by Mr. J. B. Hayes.)

Compound Fracture of Arm—Resection of Humerus.—Dr. Pancoast commenced the clinic to-day by the exhibition of a case of injury from a fall. The patient was a lad, and received the injury ten days before.

There was a fracture at the line of the sigmoid fossa of the humerus, where the two surfaces of the bone approximate each other very closely. The lower end of the upper fragment sharp, like a chisel, was driven forward and cut its way out.

Dr. P. performed the operation of resection on the day of the patient's admission to the hospital. The brachial artery was not torn, and the musculospiral nerve lay exposed over the end of the bone. This is one of the most important nerves of the arm, and he carefully avoided injuring it. He slipped it over the end of the bone, cut off an inch from the upper fragment, placed the arm in a splint, and gave the patient diaphoretics and anodynes, and a supportive diet. The limb has been irrigated with a weak solution of laudanum and lead water.

The risk of tetanus was great, and he should still consider him exposed to it for a fortnight. If the patient had tetanic symptoms, he would cut down upon the musculospiral nerve, and remove an inch of it.

The advantage of resection of the bone here was that it relieved the strangulation of the blood vessels consequent upon the swelling. The arm is shortened in its long diameter; its short diameter is increased, and the long incisions are avoided, which otherwise he would be compelled to make.

There has been no interruption of the circulation, and it is expected that he will have complete pronation and supination after recovery.

Railway Injury—Amputation of Arm.—This terrific injury was occasioned yesterday by the arm being caught between the bumpers of two cars. The patient is a very large and corpulent man. He is of intemperate habits, and acknowledges to six glasses a day.

There is a dislocation of the head of the radius forwards. The brachial artery was crushed, and was swinging up and down, an inch long, in a deep wound above the bend of the elbow. The clot of blood in the artery was sufficiently strong to check bleeding, but it might have been driven out; a ligature was placed upon it.

The patient has suffered greatly from the shock; he has not now recovered from the remote effects of the shock; this goes so far sometimes that the natural resilience of the system is not sufficiently great to overcome it. This, with his habits, and the great magnitude of the arm, makes the prognosis doubtful. There is great probability of his having mania-a-potu.

Brandy with morphia, half a grain at a time, were given him. The wound was slightly closed by a single stitch, and the arm enveloped in lead water and laudanum, placed on a bed of cotton.

There has been no return of the circulation by the anastomosing vessels; the hand is cold. In old persons the capillary vessels do not dilate so easily. There is, then, no chance for the recovery of the arm, and, upon consultation, it has been determined to amputate.

Some congestion of the vessels of the head followed the administration of the ether. Its complete effect was finally established, and a modification of the circular operation was performed. The skin was dissected back in two flaps, retracted, and the muscles divided circularly.

Dr. P. remarked that the great advantage of the administration of ether was that it took off the shock of the operation. Both mentally and physically, the shock of an operation was like that of the injury, and he believed there was no question about the fact that the use of ether had diminished the mortality dependent on operations. It was well to take the precaution, with muscular men, to have two tourniquets.

The patient should have stimulants freely administered, milk punch, wine whey, &c.

DEFERRED REPORTS.

JUNE 1ST.

Service of Dr. Neill.

(Reported by Mr. J. B. Hayes.)

Venereal Disease--Gonorrhœa, with Stricture.—It is impossible to present a succinct account of diseases in the examination of clinical patients. We will pursue our ordinary plan of examining cases: first, examine its physical characters, then inquire into its history, and consider its pathology, prognosis, and treatment.

This man has not many marked symptoms of recent gonorrhœa. He has not the red glans, swollen prepuce, nor yellowish-green discharge. The orifice of the urethra alone is red and swollen, and the discharge is milky white. We will say that this is a chronic case. He has had the disease twelve months, and at times has considered himself well. He has scalding, and a frequent desire to urinate; the stream is not of the same size as usual.

On other occasions I have shown that two other

pathological conditions are to be associated with chronic gonorrhœa, namely, cystitis and stricture, and the question occurs, is this true gonorrhœa or one of its sequences?

Stricture is so constantly connected with purulent discharge, especially in the early part of the day, that we never can make a positive diagnosis without examination of the urethra by direct means. The best instrument for exploration is a metallic bougie, No. 8 or 9 of the Edinburgh series, of which 12 is the highest number.

There is pain here in its introduction, and resistance three inches beyond the orifice, and at the membranous portion.

Running is characteristic of stricture, and is not always gonorrhœal. We may treat it at first, when there is much discharge, as a gonorrhœa; then make an examination of the urethra and dilate by instruments.

It is not usually a dense, hard, linear stricture, but an effusion of lymph beneath the mucous lining of the canal.

Treatment.—We will order a saline diuretic. This will diminish the discharge in ten days, and change it to a pearly white color. A full sized bougie is occasionally to be passed.

Case 2d.—Was here the last day with swelled testicle. You will recollect him by the numerous scars in the groin from a bubo. He has also a penile fistula. There is a marked change in the size of the testicle; it is more natural.

He was put on the treatment for gonorrhœa, because we looked on the orchitis as a continuation of gonorrhœal disease.

Case 3d.—Has had a urethral running three weeks, and excessive pain on urination for six months, at times thinking himself entirely well. A recent gonorrhœa on an old one aggravates the symptoms. The stream is somewhat forked; this occurs in acute gonorrhœa.

On examining the urethra we find the instrument arrested at the membranous portion.

Treatment.—Allow me to say here that there are no means by which the disease may be cut short. The abortive treatment has generally proved a failure. Strong solutions of nitrate of silver, or any thing else, are injurious. If this man is treated by cubebs and copaiva he will never get well. He asserts that he has tried a dozen doctors and a hundred medicines.

A saline diuretic depletes the congested mucous membrane, and is much more rational than a stimulating diuretic. Dilatation by metallic bougies will also be necessary.

Case 4th.—Syphilitic Tubercle.—There are two kinds of venereal disease. Gonorrhœa is a type of one; chancre of the other. This man is suffering from the consequences of a chancre. This ulcer on the shoulder is the result of syphilitic poison. The scars on different portions of his body show a constitutional vitiation.

Ulceration of the throat, which he has, is often an early secondary symptom after the reception of a chancre. This has been touched with nitrate of silver, and is healing.

He has had no chancre in five years, and has not probably been constitutionally treated.

This ulceration of the shoulder goes by the name of syphilitic tubercle. It is a destruction of hardened tissue, followed by sloughing.

Treatment.—A solution of chloride of zinc has been applied to it, and we are endeavoring to bring about the healthful action of granulation and cicatrization.

He will be put under the use of iodide of potassium, five grains three times a day, to get rid of the constitutional taint.

Lupus—This woman has been in the house some time with an affection of the breast. There is a long, deep, ulcerated groove crossing the right mamma, presenting exactly the appearance of the fissure which you have now several times seen remaining after extirpation of the breast.

The patient does not present the general appearance of one laboring under the cancerous cachexia; but there are a few suspicious hard tubercles in the skin surrounding the ulcer.

This disease is of 15 years duration. It is more frequently manifested in other portions of the body, and belongs to the class of canceroid affections for which there are many terms: lupus, cheloid, or rodent ulcer and recurrent fibroid tumor, &c. It is malignant only so far as its durability is concerned.

On the face, this disease appears like the exudation of a crusty wart, when picked off leaving an excavation, again scabbing and increasing slowly in size, in an aggravated form, involving part of the nose and eye, and even consuming one half of the face.

The prognosis in cancer is marked and decided, but there is nothing self-limiting in this disease. It may last for an indefinite number of years.

Treatment.—She has greatly improved under chloride of zinc, first applied as a caustic to remove the sloughing tissue, and subsequently in weak solution. The general health must be sustained.

Compound Fracture of the Thigh.—This is brought before you again to show you the progress of the

affection. There was much bruising and infiltration of the limb. It was in a very unsatisfactory condition compared with the present.

There is a free puriform discharge from the wound on the posterior portion of the limb, and a collection of pus on the inside of the limb below the knee, which we will open in a short time.

There is never any advantage in allowing large puriform collections to remain in the flesh and joints.

There has been a little fear in opening abscesses in or near joints. They should be opened, and the patient not allowed to suffer from them.

Simple Fracture of the Thigh, New Case.—This fracture, about the middle of the shaft, was occasioned by falling from a height. He is a middle-aged man. The swelling has subsided.

I have already, in numerous cases, explained to you the mode of extension and counter-extension in this fracture.

Here is a case in which the counter-extending band is of adhesive plaster, devised by Dr. Gilbert, late Professor in Pennsylvania Medical College, useful where the perinæum is tender. Incorporating itself with the skin, it does not slip, and is very comfortable to this patient, whose skin is very sensitive, and by whom the ordinary perinæal band could not be borne.

In occasional instances it is better to have additional means for stretching the fragments, and for security in maintaining the extension in children, who are apt to untie the apparatus when it is in their power.

Here is an adjustment which I have used for the last few years. The ends of the extending and counter-extending bands are brought together at the middle of the long external splint, and made continuous. A clothes-pin then twisting them, tightens both ends. This is, for instance, where it is necessary to use more than ordinary means of force; but at the same time, I would caution you against the abuse of it, although it is an application of my own. Surgeons are often tempted to use too much force when it is in their power. This will cause chafing and ulceration of the perinæum.

You will notice the modifications of Desault's splints in this instance: the elongation of the splint; the application of the block; the different materials for making the extension and counter-extension, and the mode of increasing the extending force by twisting the bands.

Recent Injury—Wound of the Head.—This lad, 11 years old, presents a swelling over the parietal bone, with a slight wound in the centre. He has his senses, his skin is of good color, and there is no

shock or prostration. He was struck by a piece of coal.

There is a depression in the bone, and it is not connected with any perturbation of the functions of the brain. In bumps on the head you are liable to be led astray by the condition they present—soft in the middle, and hard around the edges from the lymph effused, they may be mistaken for fractures. The edges feel like fractured bone.

Compound fractures of the skull, with great depression of fragments, may occur in children and terminate favorably. We will say that the prognosis is favorable here; but we know the uncertainty of injuries to the skull.

The *treatment* is a matter of interest. In a depressed fracture what is to be done? I will say that the points are positive and few. There is here no demand for trephining. It is not a compound fracture; there is no compression of the brain, and the depression is not great. Compound and deeply depressed fractures in children often get well without trephining.

Treatment.—Cold water will simply be applied to the head. There may be too much reaction. It will then be necessary to purge with calomel, apply revulsives to the feet, ice to the head, and medicine to keep him quiet.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION.

FRIDAY EVENING, MARCH 11TH, 1859.

Dr. Curtis, (President,) in the Chair.

Subject for discussion: ARACHNITIS.

DR. J. R. BRYAN considered this disease to be one of great importance, and of frequent occurrence. The symptoms are marked and easily known, though the treatment is not by any means settled. He called the attention of the members present to a case which he was now attending. It was a child, four years of age, which had been sick about seven weeks. While absent from home it was attacked with sick stomach, shortly after which, an eruption appeared over the surface of the body, in consequence of which, it was at first supposed to be laboring under scarlatina. The bowels were opened and a febrifuge given. It became flighty, and alternated between stupor and mania, being at times quite ferocious, endeavoring to bite those in attendance. The skin was cool during the whole process of the attack, and the emaciation was extreme. Dr. B. used many remedies, but to no purpose. The pupils were sometimes dilated, and again contracted. Dr.

B. had no doubt that inflammation of the brain or its meninges had been present. It was now gaining flesh, and was decidedly convalescent. He observed particularly, that it was continually pulling at the pubic region, as if some irritation existed there, though on a close examination, nothing was discovered. He did not think it had slept 72 hours in six weeks, being kept quiet only by continual rocking. By degrees, the sensations of taste, hearing, sight, and appetite, which had all been much impaired, were restored, though as yet, it was unable to talk.

In cases of this kind, Dr. B. employed gentle alteratives, and counter-irritants, as by the unguentum veratria, to the spine. He mentioned the above case to induce hope in such extreme attacks, and as an incentive to the medical attendant to persevere in his treatment while life remained.

He was much aided in the diagnosis by a knowledge as to whether the patient had within a few months been troubled with sores or cutaneous affections.

DR. WITTIG did not agree with the last speaker; to him, the diagnosis was always difficult and obscure. Cases often assume the appearance of this disease, and yet are really something entirely different. He mentioned several instances which presented every symptom of arachnitis, and which speedily disappeared after the exhibition of emetics.

This disease is not confined to children, but is frequently met with in adults, and he related a case of a lady, in whom it was connected with menstruation. As treatment, he generally employed local blood letting, foot baths, calomel, nitre, musk, digitalis and jalap. Blisters he did not use, preferring moxa, iodine, or mercury. Should any eruption have disappeared, he endeavored to recall it. He scarcely thought cases could recover in which effusion had taken place, though, occasionally, very desperate cases finally were cured. He had a case where one side was paralyzed, but completely recovered; and another, in which chorea afterwards set in, and which he succeeded in restoring to perfect health by the use of valerian and oxide of zinc. He believed brandy to be of much value in this disease.

DR. ATKINSON related a case of this affection which had occurred some years ago, in which, in spite of all remedies, the child, aged about three years, sank into a profound stupor. After employing various methods to rouse her, she was given ten drops of brandy, in water, every hour. Under this treatment, in a few days, she had completely recovered, and was able to play about, but was utterly unable to articulate. A free mercurial purge was given her, and her mother was encouraged to hope that she would speedily recover her lost powers. In

about a week from this time she commenced to talk, and speedily attained to her former ability in that line. Dr. A. mentioned this case as being *apropos* to the one mentioned by Dr. Byran, and considered it very probable that that case would soon recover the power of speech.

DR. BRYAN asked what was the opinion of the members concerning shaving of the head and blistering. This, he had never done, though he had blistered freely elsewhere. What does the blister do? Does it not produce an afflux of blood to a part already congested? Hence, he had not employed it, but always endeavored rather to call the blood from the head.

DR. CURTIS in reply to Dr. Bryan, said that he thought we have here a congested condition of the brain, at first active, but soon becoming passive. Blisters then may act as stimulants, and enable the blood vessels to unload themselves. In congestion of the brain in old patients, he had often thought that this was the way in which death is produced, and hence would stimulate the action of the heart and circulation, to relieve the congestion. He had seen a number of cases of arachnitis, and thought there was a hereditary tendency to it, as he had lost several children in the same family by the effusion resulting from this affection. He mentioned two cases in one family, where children had changed from the greatest activity to a dull stupidity, though they remained fleshy, and looked well. He related a case of a child, aged three years, who lost its speech after a convulsive attack, and seemed to know nothing for about two weeks. No change being noticed, he changed his treatment to a more stimulant plan, and recovery soon followed.

DR. SHELMEKDINE mentioned a case in which the child was perfectly blind for two months, after it had otherwise completely recovered from the attack. After a time this passed off, and the child was now perfectly healthy, and could see as well as ever.

DR. DEMMÉ had early in practice a case of inflammation of the brain, high fever, the intervention of stupor, and all the usual symptoms of such an attack. Convulsions occurred, after which the eye was noticed to be opaque, which, as the patient convalesced, increased to a perfect cataract. He gave iodide of potassium, and in about two or three months, the opacity gradually disappeared, but left the child *far-sighted* in that eye. He observed the lens to split into three parts, and thought after this, absorption must have occurred, the same as after the operation.

DR. BUTLER desired to know if arachnitis ever appeared in an epidemic, or, rather, perhaps, endemic form in Philadelphia. He had seen it in this form in Burlington, N. J., confined to a par-

ticular locality, in which nearly all the children resident, were affected, and many deaths ensued. In the diagnosis, much caution was required, as in malarious districts the same symptoms sometimes resulted from malaria, and then, the treatment indicated, would be iron and quinia in place of bleeding, etc.

DR. BRYAN in reply to Dr. Butler would say, that for several years no cases of this disease would be observed, and then a number would occur in rapid succession. There was no doubt that it prevailed as an epidemic.

DR. SHELMEKDINE had on several occasions seen cases of malarious disease which closely resembled disease of the brain, and which were speedily relieved by quinia. He noticed in arachnitis, an enlargement of the papillæ of the tongue, with an overlapping of them, like the shingles on the roof of a house. This symptom he always relied upon.

DR. BUTLER remarked that cantharidal colloid had been very successfully used by him to produce vesication, though he thought it more apt to cause strangury, which he was always desirous to avoid. He had never seen any ill effects from it in cases of children. He had seen a statement to the effect, that there was less danger when it was employed without removing the hair: concerning this point he had no experience.

Adjourned.

Reviews and Book Notices.

ANATOMY, DESCRIPTIVE AND SURGICAL. By HENRY GRAY, F. R. S., Lecturer on Anatomy at St. George's Hospital. The drawings by H. V. Carter, M. D., late Demonstrator of Anatomy at St. George's Hospital. The dissections jointly by the author and Dr. Carter. With three hundred and sixty three engravings on wood. Philadelphia: Blanchard & Lea. 1859. Price, in sheep, \$7; in muslin, \$6 25.

This is a republication of a London book on descriptive and surgical human anatomy, by the enterprising house of our townsmen the Messrs. Blanchard & Lea. The great feature of the work is in the plan adopted for illustrating the text, the names being printed at length on each part. This plan is much more convenient than the method usually employed of letters or figures connected by lines with the explanation.

There are some who object to such pictorial simplifications, as calculated to prevent the student from prosecuting his anatomical studies upon that best and only reliable of all

books, the *Cadaver*. We, however, entertain no such views, and as the best evidence that our convictions are well founded, need only say that since the multiplication of illustrated anatomies and manuals, practical anatomy has actually increased in popularity. Anatomy is the base work of all medicine. It is confessedly a study attended with no small amount of labor, and every device which genius can produce having a tendency to remove difficulties in the way of acquisition, we are disposed to encourage. Gray's Anatomy is an important step in this direction. The plan is one which will recommend it to the practitioner likewise, as an occasional glance would enable him to recal and freshen what is only too prone to escape or become indistinct.

The publishers have produced the American edition in a manner unexceptionable, so far as correctness of text, type, and quality of paper are concerned, but the muslin binding strikes us as not sufficiently stout and durable for a work which must needs be subjected to much handling.

MEMOIRS OF JOHN GRISCOM, LL. D., late Professor of Chemistry and Natural Philosophy; with an account of the New York High School, Society for the Prevention of Pauperism, the House of Refuge, and other institutions. Compiled from an autobiography and other sources. By JOHN H. GRISCOM, M. D., pp. 427. New York: Robert Carter & Brothers. 1859.

Although the subject of this memoir was not a medical man, many of his sympathies and associations were with the medical profession. In 1812, and again in 1826, medical schools in connection with Rutgers' College, New Brunswick, N. J., were established in New York, on both which occasions Dr. Griscom, who had proved himself a successful independent lecturer on chemistry and the natural sciences, was chosen Professor of Chemistry. On the latter occasion he was associated with Drs. David Hosack, Samuel L. Mitchell, Macneven, Mott, Francis, and Godman—certainly very respectable company. But respectable as it was, talented as was every member of the faculty, the school was compelled to yield to overbearing political influences, and was broken down, while promising to place New York on a footing in regard to medical education nearly or quite equal to that occupied by this city.

It was as a teacher and a philanthropist, however, that Dr. Griscom was principally

known. He was among the first to popularize scientific lectures in New York, where for more than twenty years he taught school very successfully. He was actively instrumental in the formation of the American Bible Society, and the establishment of a House of Refuge and the High School in New York.

In 1841 he retired to Burlington, N. J., where it was afterwards our happiness to make his acquaintance, gain his confidence, and receive words of encouragement in the first years of our experience as a practitioner of medicine, which have served as rallying points in our career.

Dr. Griscom died in Burlington on the 26th of Feb., 1852, aged 77 years and five months, beloved by all whose privilege it was to know him. His memoir, so simply and faithfully set forth in the volume before us, would be a valuable addition to any library. Especially should it be perused by the young, that they may be encouraged to live lives of practical usefulness to their fellow men, and learn lessons of industry, perseverance, and true, unaffected piety.

A HISTORY OF THE DISCOVERY OF THE CIRCULATION OF THE BLOOD. By P. FLOURENS, perpetual secretary of the Academy of Sciences, (Institute of France,) member of the royal societies and academies of Science of London, Edinburgh, Stockholm, Munich, Turin, Madrid, Brussels, etc., etc., professor at the museum of Natural History of Paris. Translated from the French, by J. C. REEVE, M. D. Published by Rickey, Mallory & Co., Cincinnati, 1859.

This little book, by P. Flourens, covers, in a condensed form, and yet sufficiently ample, the literature of the circulation of the blood, and lymphatic system, and concludes with two chapters devoted to Guy Patin, the eccentric and talented opponent of the modern medical discoveries. We hail this book with more than ordinary pleasure, not only on account of the extraordinary power of analysis and condensation exhibited by the author, but because we hope it may tempt some of the leisure and learning of the profession to operate in a similar direction. The materials for historic medicine are abundant, though to be sure somewhat scattered, and their collection and arrangement into systematic monographs would be most acceptable to every accomplished physician. The translation is creditable to Dr. Reeve's scholarship, and the execution of the publishers, unexceptionable.

We are in the regular receipt of several publications, which, though not strictly medical, contain much that is of interest to the medical man. Among these are the following:—

1. *The Scientific American*.—This sterling scientific newspaper has just been very much enlarged, and otherwise improved. It is devoted to the interests of applied science, particularly in the department of mechanics, where it is *perfectly at home*. It is not often that it meddles with medical science, and we must be allowed to say that we never knew it to do so without exemplifying the wisdom of the proverb, "*Ne sutor supra crepidam*." The field of mechanics is wide enough for it, and it *knows how* to cultivate that. Every number contains matter of real interest to the medical man as an intelligent observer of the progress of the mechanic arts, and we heartily recommend it to the notice of our numerous readers. It is published weekly in a form suitable for binding, each number containing sixteen pages of letter-press, with numerous illustrations, making a yearly volume of 832 pages of useful matter, not contained in any other paper. Terms \$2 a year, or \$1 for six months. Club rates reduce these terms. Specimen numbers sent. Address Munn & Co., Publishers, No. 37 Park Row, New York.*

2. *The Century*.—This is a weekly national newspaper of politics, commerce, finance, economy, literature, science and art. Expressing no opinion of its politics, with which we have nothing to do, we commend this paper to the notice of our readers as one of the most ably, probably the most ably conducted weekly paper in this country. It is published at 37 Park Row, New York, by Thomas McElrath, at \$2.50 a year for a single copy, or \$4 for two copies in advance.

3. *The Southern Rural Magazine, American Cotton Planter, and Soil of the South*.—This magazine, which is published monthly in Montgomery, Ala., at \$1 a year, by N. B. Cloud, M. D., is an ably conducted agricultural and rural journal, especially adapted to the wants, of course, of the section of country in which it is published. We commend it to our readers as worthy of a hearty support.

4. *De Bow's Review*.—This work is published monthly at New Orleans and in Wash-

ington City at \$5 per annum. It is conducted by that eminent political economist, J. D. B. De Bow, Esq., and is replete with matter pertaining to the economic interests of the country, particularly of the South and West, including statistics of foreign and domestic industry and enterprise.

5. *Godey's Lady's Book*.—This work, published, as everybody knows, by Louis A. Godey, in this city, at \$3 per annum, we have frequently spoken of. It is a book for the ladies, as its name implies; but as these form a necessary part of every physician's family, it follows that it is a book for every physician. So, take the Lady's Book, if you wish to please a very essential portion of your family. The engravings are often superb. The fashions, the ladies always want to see. Much of the reading matter might be improved.

* * John J. Elwell, M. D., a member of the *Cleveland, (Ohio) bar, and one of the editors of the *Western Law Monthly*, published in that city, announces a "*Medico-Legal Treatise on Mal-practice and Medical Evidence*, constituting the Elements of Medical Jurisprudence." It is to be a large 8vo work, price \$5 00, and will soon be issued from the press of John S. Voorhees, of No. 20 Nassau street, New York.

The subject is of great interest to the physician, and especially to the surgeon, and if it is handled with ability, the work will be an important addition to the medical library. Of its merits we will speak at length when the work issues from the press.

Editorial.

Attendance on Medical Lectures in London.—We have become so accustomed to hearing the names of distinguished teachers in the various departments of medicine and surgery in London, that we fancy that large numbers of students and practitioners will avail themselves of the privilege of hearing them.

On this point Dr. A. B. Palmer, senior editor of the *Peninsular and Independent Medical Journal*, writes as follows from London to that journal:

Dr. Walshe has delivered only one set clinical lecture this term, which one I had the pleasure of hearing. It was upon mediastinal

* Will the publishers do us the favor to forward Nos. 1 and 2 of the new series, as they have failed to reach us.—EDS.

tumors, and based upon a case which occurred some time before. It was an exceedingly able lecture, philosophical and discriminative—analyzing closely all the symptoms, comparing them with such as might have been produced by other pathological conditions, and with which they might have been confounded, &c.; and it was delivered in the clinical lecture room to just *thirteen* students, two of whom were asleep during most of the hour. The places of these sleeping ones were supplied by another American physician and myself, so that there was still an audience of a baker's dozen. I have been astonished everywhere to find the classes listening to lectures, so small. There is only a dozen attending Dr. Jenner's lectures on pathological anatomy; some fifteen or sixteen Mr. Erichsen's clinical lecture, which I heard; and in the large school and hospital of St. Bartholomew, the classical Dr. West, in his regular course on obstetrics, is lecturing to between thirty and forty; and Dr. Murphy, in the same regular course, at University College, is addressing about half that number. The largest class I have seen assembled for a lecture was at Dr. Garrod's, at University College, and that was between fifty and sixty. The reason of this is to be found in the large number of schools, and the more moderate number of students studying in the Metropolis. The practice of lecturing to so few gets the professors in the habit of being dull in their manner. As a body, they are much more prosy than those I have been accustomed to hear in our own country.

Dr. Garrod is an active and industrious man, and is on duty in the hospital. He has fewer students attending in his ward than Dr. Walshe. I think I have not seen present more than half a dozen, and the average of those attending the physicians in their wards in all the hospitals, is but little over this number. The surgeons are generally better attended, their numbers being from ten to twenty-five, at most, except when there are operations in the amphitheatres.

☞ We are pleased to observe that our friend and collaborator, Dr. Louis Elsberg, of New York, has become associated with Dr. Wm. Elmer in the editorial management of the *North American Medical Reporter*.

This work—which is published monthly—is retrospective in its character, giving the titles of the leading original articles published in American and a few foreign medical periodicals, and abstracts of articles in the different

departments of medical literature, the whole being methodically arranged.

We congratulate Dr. Elmer on the acquisition of Dr. Elsberg, as we know him to be an industrious and intelligent collaborator. Cannot Drs. Elmer and Elsberg get the *Reporter* into their *own hands*?

☞ We are requested by the publishing committee of the Medical Society of New Jersey, to say that the Transactions for the last year are ready.

Those members of district societies who do not receive copies will be supplied by inclosing a three cent stamp (to pay postage) to Dr. G. Grant, Newark, N. J.

ILLUSTRATIONS OF MATERIA MÉDICA.—We would call the attention of our readers to the advertisement in this week's number of a series of specimens, drawings, &c., for illustrating a course of lectures on materia medica, as affording a rare opportunity to procure such a collection at a reasonable price.

Periscope.

FOREIGN.

Condensed from recent English journals, by T. A. DEMMÉ, M. D.

Sixteen Calculi removed from the same Bladder.—A man of about 60 years of age, (*Med. Times and Gaz.*) was recently admitted into Guy's Hospital in a dying state. Calculi were detected in the bladder; but it was too late to operate, and death occurred in a few hours. On post-mortem examination, the kidneys were found diseased, and the bladder enormously enlarged, and in the latter were contained sixteen calculi, all of equal dimensions, the diameter of each being about equal to that of a shilling piece.

Treatment of Varicose Veins by Blistering. The radical treatment of varicose veins, which at present is usually preferred, consists of the application of pins or needles beneath the vein, laying a piece of bougie over it, and then applying the twisted suture around the pins and over the bougie. Latterly Mr. Ure, (*Lancet*) has treated several cases of varix successfully by repeated blistering over the veins, the result being consolidation and subsequent

obliteration. A radical cure is, therefore, effected as completely as when the needles have been employed. This plan deserves a fair trial.

New Needle for the Wire Suture.—Mr. C. Murray has invented a needle which entirely removes the obstacle to the neat and easy application of the wire suture, when the wire as with the ordinary needle is passed through the eye and doubled backwards. In Mr. Murray's contrivance, (*Lancet*) the wire, instead of being passed through an eye at right angles to the long axis of the needle, passes along a conical canal, the larger end of which is at the side of the instrument, commencing as a groove, the smaller end opening at the heel of the needle. By the simple expedient of turning the *smallest* possible piece of wire upon itself, the wire is prevented from escaping. At the same time, the doubled portion of the wire offers no impediment to the passage of the needle, since it is *concealed* within the *grooved canal*.

Light the only cause of Purulent Ophthalmia of Infants.—Mr. Ballard (*Lancet*,) has written an original paper upon the above subject. The generally received opinion that the disease is the result of contact with vaginal secretions is disputed,—1st, because the disease does not appear until several days after birth; 2d, extreme cases of leucorrhœa and yet no ophthalmia if the room was kept dark; 3d, no leucorrhœa and yet ophthalmia, the room being kept light.

The proofs in favor of light being the cause of the disease are, 1st. Expose an infant to bright light, and you can prognosticate the occurrence of the disease. 2d. It never prevails if the child is kept in the dark. 3d. That many cases had been cured by obscuration only.

Pigmentum Album in some Cutaneous Maladies.—Mr. Alfred Freer, (*Lancet*, June 18,) speaks in the highest terms of pigmentum album—common white paint, composed of a mixture of linseed oil and carbonate of lead rubbed up into a semi-liquid substance—in some forms of cutaneous eruptions, particularly in erysipelas, and the various forms of eczema. Mr. Freer has also used it in other forms of skin eruption, as herpes in its several forms, smallpox, carbuncle and furuncle, and

also in burns.¹ He says—"The paint seems to act in two ways: first, and chiefly, as an efficient excluder of the air—that great irritant to the cutaneous surface, when disordered; and secondly, as a direct sedative to the sentient nerve filaments, rendering them less prone to become involved in inflammatory action. In boils, it relieves the painful tension and favors resolution. In some forms of painful ulcers of the leg of a small size, it gives great relief. In galling of the skin where anasarca is present, it is also of use, and is the best application we have in burns of the first and second degree. But it is in erysipelas that its triumph is most manifest; the patient soon finds the comfort of it; the tight, shining skin soon becomes wrinkled and shrunken, indeed, the inflammation very rarely extends after the second or third painting." "The mode of applying it is by means of a feather, painting the affected parts, and a *little beyond*, and laying on a fresh coat every two hours or so, until a thick layer is obtained, and then sufficiently often to maintain a covering."

Mr. Freer finds it far superior to lead lotions, mucilage, hot fomentations, nitrate of silver or collodion.

The Tobacco Question.—This question has excited much more discussion among the profession of England than of this country. The following remarks on the subject, we copy from the *London Lancet* of April 16.

Dr. Seymour has addressed a letter to Lord Shaftsbury on Lunatic Asylums, in which he fully endorses all that has been urged against excessive smoking. He does not pretend that smoking in moderation is likely to produce the baneful results he pictures, but denounces excess with no ordinary warmth. His observations are really very sound and judicious, and we think we shall do a service in transcribing them, as the experience of a physician whose observations extend over a long period of practice:—"To say that smoking in moderation, like drinking wine in moderation tends to destroy the mind and body, would be to assert what the experience of the civilized world is opposed to. But no one who is conversant with disease can doubt for a moment that smoking to excess or immoderately ends

¹ Dr. T. J. Cogley, of Madison, Indiana, we think it was, recommended through the journals some years since, the application of white paint in burns, and quoted some remarkable cases in illustration.—*EDS. MED. SURG. REP.*

in destruction of body and mind. Some young men, still in their teens, smoke forty or fifty cigars daily. Some young gentlemen of rank have assured me that when at college, they have smoked from five in the afternoon until three or four in the morning for weeks together. The effect of excessive smoking is to depress the circulation; the heart becomes weak and irregular in its action, and the pulse is scarcely to be felt. The patient becomes frightened and loses all resolution; once a bold rider, he cannot mount his horse; a carriage passing him rapidly in the street alarms him; his appetite fails; his mind fills with horrors, imaginary crimes and imaginary punishments. This state of things continues for years. At length the patient dies—often, very often suddenly. The case is explained. The muscular structure of the heart—of that organ which is to distribute strength and power to every part of the system, is impaired in its action; the left side is thin, and in some cases in which sudden death has occurred, there is little more than a strip of muscular fibre left on that side. Excessive smoking is a new vice. How many young men at school and college used to smoke fifty years ago? Some half-dozen. How many do now? The answer is—legion. Boys of twelve years old are seen early in the morning walking the streets with cigars in their mouths. Youths have consulted me who have just come from the new schools, now called colleges, confessing that they have been in the habit of smoking constantly, and these are lads just hoping to begin the business of life.”

Gastrotomy for Stricture of the Œsophagus.

—The following remarks on this subject, we find in the *Medical Times and Gazette*, of April 16th:

“Mr. Cooper Foster’s second case of gastrotomy on account of stricture of the œsophagus has, we regret to say, ended as did its predecessor. At the time we first mentioned it, the boy was doing as well as could be expected, and had experienced much relief from the measure adopted. On the fourth day after the operation, symptoms of peritonitis with collapse rather suddenly set in, and death soon followed. At the autopsy, it was found that the adhesions of the stomach where opened to the edges of the wound, had partially given way, and that some of the contents of the viscus had escaped into the peritonæum. There were evidences of commencing perito-

nititis. The mucous membrane of the stomach was superficially ulcerated in several places. The condition in which the œsophagus was found, furnished a most ample justification of the operative interference. The part affected was that in apposition with the trachea at its bifurcation, and it was so narrowed, that a probe could scarcely be passed through the diseased tract. It will be remembered that the disease had been caused by accidentally swallowing a caustic solution.

“Despite the unfavorable termination of the first two English cases, we are convinced that no sound reasoning can be maintained against the operation for the establishment of a gastro-cutaneous fistula in cases of irremediable obstruction of the œsophagus. In both of the instances before us, it was done *in extremis*, and although one patient lived but two, and the other four days, yet it is probable that it did not shorten life in either instance. On the other hand, in both it undoubtedly mitigated the horrors of death from starvation. We may assert then, that even in these, it was a benefit rather than otherwise, for anæsthetics fortunately allow us to leave out of the account the pain, &c., of the operation itself. In the last case, the disease was not malignant, and had the fistula once been established, and the adhesions become consolidated, there appeared no reason why life should not have been indefinitely prolonged. The boy’s exhausted condition at the time of its performance, was probably the reason why the process of union between the stomach and the abdominal wall was so imperfectly accomplished; and the lesson to be learnt from the cases, seems to be, that the operation, to be successful, ought to resorted to before the patient has been allowed to sink so low.”

AMERICAN.

Pepsin.—Dr. Arthur Leared communicates to the *Med. Times and Gazette* (June 18) some experiments with pepsin, lately introduced with great plausibility as a remedy in dyspepsia. The result of Dr. Leared’s experiments, however, were adverse to the pretensions of this much-vaunted remedy. He says that he is forced to conclude that any advantages supposed to be derived from its use have been through the medium of the mind, rather than of the body. Bouclault’s pepsin, with which Dr. L. experimented, would have to be given in a dose nineteen times larger than he recommends, to be of any possible advantage.

The quacks have been making violent efforts to introduce this as a remedy for dyspepsia in this country. The figure of a stalled ox, with "Pepsin" in huge capitals branded on his side, has stared that rather credulous individual "the public" in the face for some time. We trust that our friends will make use of Dr. Leared's conclusions to put pepsin, as a curer of dyspepsia, where it belongs, that is—"nowhere."

Extraordinary Fecundity.—Dr. Wm. Wood, of East Windsor Hill, Conn., published in this journal, in 1856, the case of a lady who, in five consecutive accouchments, gave birth to five living children, weighing 62 lbs. 8 oz.

Since then, a case has occurred which is still more remarkable, and which the doctor publishes in the *Boston Medical and Surgical Journal*. He was called to attend upon Mrs. S., Oct. 22, 1857, when she was delivered of three children, one male and two females. He was again called, Oct. 13, 1858, when she was delivered of two male children, making five children in two confinements, in 11 months and 22 days. All would probably have been born alive, had it not been for the officiousness of the nurse at the first labor, who said she "found something hanging, and thought it ought to come away," and had actually pulled away fifteen inches of the funis before his arrival.

All were born alive, except this one. The twins weighed 13 lbs. 4 oz. (6 lbs. 13 oz. and 6 lbs. 7 oz.) The triplets were not weighed. They were nearly as large as the twins; but, calling them only 5 lbs. 8 oz. each, which Dr. W. is confident is below their true weight, it gives about 30 lbs. of children in less than one year!

We have for a long time been trying to find room for the following beautiful effusion from the pen of the poet physician, Dr. Oliver Wendell Holmes of Boston. Those of our readers who love poetry—and we hope that many of them do—will appreciate it:

THE ANATOMIST'S HYMN.

Not in the world of light alone,
Where God has built his blazing throne,
Nor yet alone in earth below,
With belted seas that come and go,
And endless isles of sunlit green,
Is all thy Maker's glory seen:
Look in upon thy wondrous frame,—
Eternal wisdom still the same!

The smooth, soft air with pulse-like waves
Flows murmuring through its hidden caves,
Whose streams of brightening purple rush
Fired with a new and livelier blush,
While all their burden of decay
The ebbing current steals away,
And red with Nature's flame they start
From the warm fountains of the heart.

No rest that throbbing slave may ask,
Forever quivering o'er his task,
While far and wide a crimson jet
Leaps forth to fill the woven net
Which in unnumbered crossing tides
The flood of burning life divides,
Then kindling each decaying part
Creeps back to find the throbbing heart.

But warmed with that unchanging flame
Behold the outward moving frame,
Its living marbles jointed strong
With glistening band and silvery thong,
And linked to reason's guiding reins
By myriad rings in trembling chains,
Each graven with the threaded zone
Which claims it as the master's own.

See how yon beam of seeming white
Is braided out of seven-hued light,
Yet in those lucid globes no ray
By any chance shall break astray.
Hark how the rolling surge of sound,
Arches and spirals circling round,
Wakes the hushed spirit through thine ear
With music it is heaven to hear.

Then mark the cloven sphere that holds
All thought in its mysterious folds,
That feel's sensation's faintest thrill
And flashes forth the sovereign will;
Think on the stormy world that dwells
Locked in its dim and clustering cells!
The lightning gleams of power it sheds
Along its hollow glassy threads!

O Father! grant thy love divine
To make these mystic temples thine!
When wasting age and wearying strife
Have sapped the leaning walls of life,
When darkness gathers over all,
And the last tottering pillars fall,
Take the poor dust thy mercy warms
And mould it into heavenly forms!

A German savant has taken the trouble to count the number of hairs existing in four human heads. He found in a blonde 140,000 distinct hairs; in a brown, 109,440; in a black, 102,960; and in a red, 88,740.

Citrate of Iron and Strychnia.—This salt, which has been used with considerable success in Great Britain, in cases of dyspepsia of an atonic character, has also been found of great benefit in similar conditions depending on functional derangements of the uterus, acting in such cases as an emmenagogue when all other remedies have failed. It has a powerful effect in tranquilizing excitement of the nervous system. It is represented that physicians in Lancaster, Pennsylvania, have used it with great success in the treatment of chlorosis, especially when dependent upon mental emotions, or when there has been a total suppression of the menses, from any excitement.

As found in the market, it usually contains one part of strychnia to forty-eight parts of citrate of iron, the dose being three grains, giving one-sixteenth of a grain of strychnia.

Medical News.

Prof. E. R. Peaslee has been transferred to the Chair of Obstetrics and Diseases of Women in the New York Medical College, made vacant by the resignation of Dr. B. F. Barker, and Prof. Austin Flint, Jr., late of Buffalo, has been appointed to the Chair of Physiology and Microscopy. Dr. Flint holds the same chair in the Buffalo Medical College.

At the late meeting of the Connecticut Medical Society at Middletown, Dr. Ashbel Woodward, of Franklin, was re-elected President; Dr. J. G. Beckwith, of Litchfield, Vice President; Dr. Geo. O. Sumner, of New Haven, Treasurer, and Dr. P. M. Hastings, of Hartford, Secretary.

Resolutions were adopted, expressing the gratification of the Society that the National Medical Association, was to honor the State with their annual meeting in the city of New Haven in 1860, and a committee of three was appointed in each county to co-operate with the Committee in New Haven, in making suitable arrangements for that occasion.

George Rennie F. R. S., has succeeded, says Herapath's Journal (*Journal Franklin Institute*), in raising the temperature of water by churning, up to the boiling point, 212 deg. Fahr., proving that the latent heat of water, like that of other bodies, is capable of being largely developed by friction.

Persistent Types of Animal Life.—A discourse on this subject, says the *Medical Times and Gazette*, of June 18th, was delivered at the Royal Institution on June 3d, by Prof. Huxley. He considered that palæontologists had greatly exaggerated the number of animals viewed as extinct. After long investigation, he concluded that of 120 ordinal types of animals, only eight or nine types were extinct; and he added, on the authority of Dr. Joseph Hooker, the eminent botanist, that of the 200 ordinal types of plants, not one was wanting. Prof. Huxley exemplified his views from all departments of the animal kingdom—from the polyzoa up to the vertebrata—specimens of each being found in very low strata. He did not, therefore, believe that there was much greater difference between the earth's appearance in early geological times, and in our own, than there is now between the different regions of the globe. He remarked in conclusion, that the little change in the persistent types of animal and vegetable life appeared to him to "indicate that each is but the result of an enormous series of antecedent changes of form, the whole of which are perhaps forever hidden from us in the abyss of pre-geologic time."

Cholera and Yellow Fever.—According to recent accounts the cholera was prevailing at Calcutta the latter part of April in a very fatal form.

Late arrivals from Rio Janeiro represent yellow fever as epidemic, and very fatal in that city. Some of the foreign shipping had suffered terrible losses.

We hear of no cases of either disease as yet in any part of our own country.

A Floating Hospital for Yellow Fever patients has been anchored in the Lower Bay of New York, thus relieving Staten Island of a portion, at least, of her troubles. Very humane, no doubt, as far as the Staten Islanders are concerned, but what is to be said of the poor patients—if there should be any—who will, in that floating hospital, be "rocked in the cradle of the deep." Will any one be responsible for the success of this new method of treating yellow fever?

Dr. Faure, says the *Medical Times and Gazette*, has invented a new method of administering chloroform. The mouth is closed,

and the patient is made to inspire air through one nostril, and chloroform through the other. He had chloroformed sixteen patients in this manner with perfectly satisfactory results.

M. Renard gives the result of 936 re-vaccinations. From his observations, it clearly results that every one ought to be re-vaccinated at least once in their lives.

M. Becquerel and others have employed electricity with complete success in six cases, where the milk had been suppressed, as an exciter of the mammary secretion.

Madame Goldschmidt, (late Jenny Lind,) has had a marble bust of Queen Victoria presented to her, as a testimonial for her charitable aid to the Hospital for Consumptives and numerous other public institutions.

Strange Provisions in a Will.—It was lately announced at a parochial meeting at St. Mary-le-bone, says the *Lancet* of June 25th, that Mr. William Kensett, a well known reformer of that parish, who died of cholera in Paris, had stipulated in his will that his body should be given up to one of the Medical Colleges of the metropolis, for dissection, and that his bones and remains should then be handed over to the Imperial Gas Company, on condition that they consumed them in one of their retorts.

Drinking Fountains.—The authorities of this city have, we are informed, concluded to have drinking fountains erected in different parts of the city at an expense of \$50 each. On the same day, we believe, it was, the authorities of New York passed an ordinance for the erection of drinking fountains in that city at an expense of \$10 each. The additional cost in this city, is for the purpose of having the water cooled, before it is drawn from the fountain.

These important public conveniences—not to say necessities—are being rapidly introduced into the cities and large towns of Great Britain, as well as our own country. The next generation will marvel that we ever thought of getting along without them!

More than ten tons of old linen have already been deposited at the twelve mairies of Paris, for the wounded of the army of Italy.

A Hospital at Honolulu, Sandwich Islands. The Legislature has appropriated \$5,000 toward the establishment of a hospital at Honolulu. King Kamehameha had started out himself with a subscription list, and had, when last heard from, received subscriptions in Honolulu alone to the amount of \$15,000. He was going to visit the other islands also in person, for subscriptions to the same object.

Dr. S. D. Gross, Professor of Surgery in the Jefferson Medical College, has been elected to the Surgical Department of the Howard Hospital, to fill the vacancy caused by the resignation of Dr. R. L. Madison. The duties of this position are divided between Dr. D. D. Clark and Dr. Gross.

The New Orleans Medical News and Hospital Gazette thinks that even yellow fever is useful sometimes, inasmuch as it has the effect of freeing the city of that hordes of quacks, in the shape of Homœopaths, Hydropaths, Corn Doctors, Pile Doctors, etc. As soon as the warm June sun begins to shine between the shoulders of these gentry, they have loud calls northward. Their lives are too precious to be thrown into a yellow fever grave. Thus they get rid of these pests of society for several months in the year—at our expense, it would seem!

The Legislature of New York has incorporated a Preparatory School of Medicine in the city of New York. The following are the Lecturers—on Surgery, John O. Bronson, M. D.—Midwifery and Diseases of Women and Children, Chas. A. Budd, M. D.—Chemistry and Toxicology, Bern. L. Budd, M. D.—Legal Medicine, Hon. John H. Anthon—Physiology and Micrology, Charles K. Briddon, M. D.—Botany and Materia Medica, Geo. Thurber, M. D.—General and Special Pathology, Geo. A. Quimby, M. D.

The Faculty are empowered, under certain restrictions, to confer the Degree of *Bachelor of Medicine*.

TO CORRESPONDENTS.—*Dr. A. H. S., Camden, Ohio*—A Dr. Woodward's Student's Microscope, with specimens, was forwarded by express, by Queen & Co., on the 9th inst.

Dr. McE., Camden, Ark.—The American Medical Association is a delegate body, composed of delegates from State, county, and local medical societies, medical schools and hospitals. Members may be elected by a unanimous vote of the Association. We hope that you will form a county society, and set the rest of the profession of your State an example.

NATHAN STARKEY,

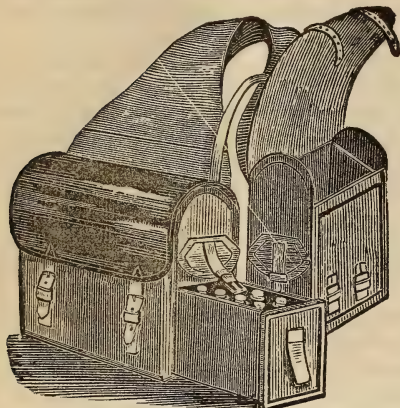
MANUFACTURER OF
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable
Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather,
with Pat. Leather Covers. Flat Pattern, with Pockets. Box
Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " " "	10 50
" 6 & 11 " 20 1 oz. " " " "	9 50
Ext. " 11, " 20 1 oz. " " " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " " "	8 50
" 3, " 16 " " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 " "	19 00
No. 3, " 48 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " "	8 50
No. 8, " 15 " " " " "	6 50
No. 9, " 14 " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mount-
ing, and superior finish.

118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints,
Syringes, &c.

Manufactures to order and keeps constantly on hand a general
assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen
about to commence practice would do well to call and examine
his large assortment of Instruments.

118

Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of
these Baths in all the principal cities of Europe, and the
desire which has been so constantly expressed by the profes-
sion, to have a place, containing the necessary apparatus and
attention—has induced the subscriber to open an establishment
for their especial administration at No. 1121 Spruce street.
The institution has received the highest approval and entire
sanction of the most eminent practitioners of this city and New
York. Such arrangements have been made, that separate
Reception and Bath Rooms, and appropriate attendance, is to be
given to the different sexes, and every other privacy, convenience
and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly
welcomed, and every explanation as to the working and applica-
tion of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths ap-
plied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

139

No. 1121 Spruce street.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was
engaged, for a considerable time, in the most celebrated work-
shops of Paris, Belgium and Germany, and does not hesitate to
say, that there is no instrument, however complicated or
minute it may be, whose construction he is unacquainted with,
or which he could not manufacture.

Deeply impressed with the responsibility attached to the
maker of Instruments employed by the Surgeon, he will furnish
no instrument without a conscientious certainty of its being as
perfect as it is possible to make it.

As he has during the last three years been present at the op-
erations performed at the Surgical Clinics of the Colleges and
Hospitals of Philadelphia, he trusts that he understands fully
the wants of the Profession in this important department. He
asks attention to his Artificial Legs, Arms, and Club-foot Appa-
ratus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hos-
pital.
Henry H. Smith, M. D., Professor of Surgery, University of
Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Penn-
sylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical
College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical
College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Levis, M. D., " "
Isaac Hays, M. D., " "
P. B. Goddard, M. D.

118

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 in advance; single copies, ten cents. THE REPORTER will only be sent to those who pay for it. Notice will be given to subscribers at the termination of their subscriptions. Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D.,
R. J. LEVIE, M. D., } Editors.

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago.

Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

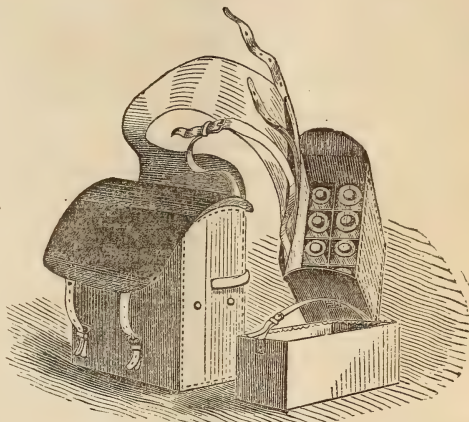
THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of THE REPORTER, with the exception of the first volume. Without that there are ten volumes, and they contain a very large amount of practical information, besides a large number of steel engraved portraits of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

J. M. MIGEOD,
MANUFACTURER OF
MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,
No. 27 South Eighth St., Second Story,
Entrance on JAYNE ST., (formerly Lodge Alley,)
PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " "	\$9 50
No. 2, containing	10 1 oz. " " " "	
	10 1/2 oz. " " " "	8 50
No. 3, containing	8 1 oz. " " " "	
	8 1/2 oz. " " " "	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " " "	and
" " "	4 Pots, " " " "	\$12 00
No. 4, containing	20 1 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " " "	
" " "	18 1/2 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " " "	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$16 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " "	and
" " "	4 Pots, " " " "	\$13 00



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the World's Exhibition in London and New York. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, Dec. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S

MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

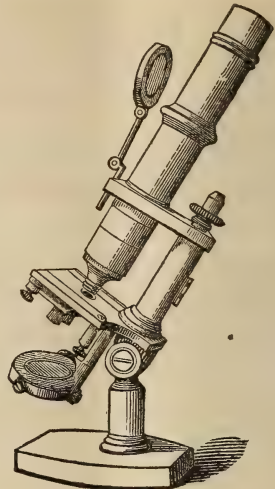
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Uri nometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA
SURGEONS' BANDAGE

INSTITUTE,
(PATRONIZED BY THE MEDICAL FACULTY.)
No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

Illustrations of Materia Medica.

FOR SALE, OVER ONE HUNDRED PAINTINGS, MOSTLY of a large size, suitable for a lecturer, for sale low. Apply at Mr. Sheppard's Drug Store, 9th street, below Walnut.

142-3t

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 144.

PHILADELPHIA, JULY 23, 1859.

{ NEW SERIES,
VOL. II. NO. 17.

Original Communications.

Fibrinous Deposit within the Uterus, as a Cause of Post Partum Hemorrhage and Pain.

By W. JOHNSON, M. D.,
of White House, N. J.

July 9th, 1859.—Mrs. B., pregnant, after very active employment in the forenoon, had the membranes to rupture in the afternoon, without pain. She is within a fortnight of her expected accouchment. The case is *primi para*. I saw her in a couple of hours after the escape of the liquor amnii. Active uterine contractions had now set in. I found the os uteri dilated to the size of half a dollar, and the child's head presenting in the first position of Baudeloque.

Although the pains were very active and recurring every five minutes, it was six hours before the labor terminated. The pains were confined altogether to the fore part of the body. She had no pains in the back. After the expulsion of the child, my hand applied to the mother's abdomen, informed me that there was another child in utero. I applied a couple of ligatures to the cord, and divided it between them. In a few minutes the pains again returned very actively. I ruptured the distended membranes of the second child, and found this also a head presentation. This child was expelled with three or four pains. It was feeble, and there was no pulsation in the cord. Smart aspersion with cold water, caused it to cry lustily. The cord was tied and cut, and the child removed. Both children were females, and of the ordinary size of twins.

The womb was not felt to be contracted after the expulsion of the children; its fundus

was found nearly as high up as the epigastrium. Manipulation over the organ by grasping it, as it were in the hand, aroused it to action, and pulling gently on the cord during the pain, I brought the placenta down into the vagina, and soon finally removed it. Examination of the placenta determined that both cords were inserted into it.

Manipulation over the uterus was again repeated for a few minutes, when I found that the organ was finally contracted. The bandage was now applied, and the patient put into her bed. Nothing unusual transpired for some time, until the patient complained of pain. I gave her a large tea spoonful of camphorated tincture of opium, my favorite prescription in after pains. The dose was repeated. The pain went on increasing in intensity, and recurring every five or six minutes. To the pain was superadded very considerable hemorrhage. I prescribed two or three doses of acetate of lead. The patient obtained no relief, but got very sick and faint. I told her that there was a clot of blood giving her all this trouble, and that I must introduce my hand and remove it. I did so, and found the vagina distended with blood, and I turned out several double handfuls. My hand was now carried on to the uterus. I found the organ well contracted, but containing a quantity of firm fibrinous deposit.

I could introduce but two fingers at a time without doing violence to the mother's structures. I satisfied myself with breaking up the fibrinous deposits, and removing all that I could well do, and clearing out the vagina. "Oh! I am now better," exclaimed my patient. Nothing afterwards occurred to retard her recovery. Mother and children all did well.

Remarks.—My object in relating this case is again to call the attention of the profession to the subject of *fibrinous deposit within the uterus as a cause of profuse hemorrhage, and of excruciating after pain*. Dr. Ramsbotham, I believe, has the credit of calling special attention to this condition of the uterus. I have myself in volume 7 of the REPORTER, related a couple of cases of this affection. In one of these I found the womb firmly contracted, and the os so shut up, that I could introduce but two fingers, with which, however, I removed a handful of firm fibrinous deposit. This was done with complete relief to the patient.

I had, however, a case last summer, of which I have taken notes, which would seem to qualify somewhat the views which I have heretofore held on this subject, and show that a large coagulum in the vagina will, sometimes, give rise to all the distressing manifestations—the intense pain and profuse hemorrhage, both of which will cease upon the introduction of the hand and removal of the coagulum. It was the patient's second child. The child was very large. Soon after the patient was put to bed she began to complain of violent after pains, attended with profuse hemorrhage, and strong disposition to syncope. I introduced my hand into the vagina and found so large a quantity of coagulated blood, that I withdrew my hand once or twice to scrape it out. I then passed my hand on to the os uteri and found it so occluded that I could barely pass in a single finger, and the whole organ was also firmly contracted. The patient was immediately relieved by the removal of the coagulum; there was no more hemorrhage, and no more pain.

Now to what cause was this profuse hemorrhage and this agonizing pain owing? Certainly not to any considerable coagulum within the uterus. I believe that it was not present in this case. Will not a large coagulum in the vagina produce a reflex sympathetic action in the uterus in the peculiar condition into which it has been brought by labor? In conclusion, although in the vast majority of cases in which there is firm contraction of the uterus, attended with violent pain and profuse discharge, there is firm fibrinous deposit within

the organ which it is unable to throw off; there may be cases where these manifestations are produced by a coagulum filling up the vagina.

Belladonna in Suppressing the Mammary Secretion.

By R. V. WILSON, M. D.,

of Clearfield, Pa.

The American Journal of the Medical Sciences, for July, 1858, contains a report of a case by Geo. McC. Miller, M. D., of Brandywine, Del., in which "with apparent effect," he employed locally, a solution of the extract of belladonna for the suppression and dispersion of the lacteal secretion; and the same journal for July, 1859, contains another case by the same writer, tending to establish his favorable estimate of its value in the treatment of the inflamed breast of the parturient woman.

I am induced to report the following case as strikingly confirmatory of the value of the proposed remedy, and should the experience of the profession establish the opinion I now entertain of its value, much pain will be mitigated, and many an interesting patient escape a disgusting series of poultices and fomentations, as well as the distress and exhaustion of protracted and difficult mammary suppuration.

Mrs. B., aged 43 years, the mother of twelve children, in her first confinement suffered from repeated abscesses of the breast, one of which penetrated the substance of the nipple, by which the mammillary tubes were completely obliterated.

Since then the only outlet for the milk has been by the painful channel of an abscess, and efforts to suppress the secretion of the diseased gland, even when successful, resulted in the arrest of it in both breasts.

Repeatedly, as often as in one half of her confinements, have abscesses formed, and more favorable terminations were purchased by weeks of discomfort and suffering.

In December last, I was consulted with regard to her expected confinement, when she stated her apprehensions concerning her breast, compared with which the prospective

painful and lingering labor, as past experience indicated, was regarded as of secondary importance.

A few days later she went into labor. On the third day the gland swelled moderately, when I directed the application of a solution of extract of belladonna (3ss to f 3i), by means of a camel-hair pencil to the areola of the mamma every fourth hour. On the fourth and fifth days the breast was quite tense and shining, but, under the application, in less than a week, the gland re-acquired its normal size and condition. No auxiliary treatment was adopted.

The function of the other breast was not interrupted. It supplied then and since, for the most part, the necessary nourishment for the child.

Further experience will reject or confirm the claims of the application to the confidence of the profession. In this case it was certainly most successful and satisfactory.

Leucorrhœa and Procidencia Uteri.

By J. R. McCLURG, M. D.,
of Philadelphia.

If there be any organ of the female system that pre-eminently deserves the appellation of regulator or governor of the mind and health of woman, that organ is unquestionably the uterus. For in every period of her life, from early girlhood to advanced age, we find a reflex action going forth from the uterine organs that operates in an unmistakable manner upon the very mind, health, character and life of woman. The rosy cheek, the bright eye, the light step, the merry voice, and the well developed frame, all speak of health and integrity; while the pale cheek, dull, lifeless eye, the sluggish gait, the planing voice and the undeveloped frame, declare most decidedly, an indolent, impaired or diseased condition of the organs of generation. And probably no single derangement or disease of the female genital apparatus is more prevalent and impairing to the mind and health than leucorrhœa, and its sequent procidencia uteri. I am well aware that physicians often regard leucor-

rhœa as of but little consequence, and scarcely worthy medical attention, from the fact that a moderate discharge from the genitalia is compatible with health. But when we find, *as is often the case*, a very profuse discharge for days, weeks and months, and the whole system sympathetically affected, the patient complaining of languor, debility, a dragging weight in the pelvis, uneasiness, and pain in the back, reflected perhaps in various directions, impaired appetite and digestion, and the whole nervous system weakened or morbidly sensitive; medical treatment is unquestionably demanded, and this treatment must be constitutional as well as local. In the constitutional treatment of this disease, the preparations of iron appear to be of primary importance, and the liquor ferri iodid. in from 10 to 15 drop doses *ter diem* is a very good remedy; but I have succeeded better with the tinct. of the sesquichloride of iron in from 10 to 30 drop doses 3 times per day. This has proven a most efficient remedy in my hands; so much so, that I never think of resorting to any other, and consequently recommend no other to the profession. In the incipient treatment a full dose of Dover's powder each night at bed time during the first week is of great advantage. My local treatment, which I think fulfills every indication, healing the diseased mucous membrane, contracting and imparting tone to the relaxed and weakened walls of the vagina, and thereby replacing the uterus and supporting it in its normal position—consists of—

R. Potassii iodidum, ʒij.

Iodinium, gr. xxx.

Aquæ font., Oij. M.

S. Use as a wash twice per day.

I have found this course invariably to succeed, the cure in many cases being remarkably speedy; and I confidently believe that it will also cure nine out of every ten cases of prolapsus uteri, without the use of that unpleasant instrument, the pessary; the use of which should be dispensed with, for whenever we do resort to it, it is only as a necessary evil.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

JULY 9TH.

Service of Dr. Pancoast.

(Reported by Mr. J. B. Hayes.)

Dr. P. announced that the patient, whose arm was amputated on the last clinic day was doing well. There had been some sloughing of the flaps, from the inflamed condition of the hand and forearm.

He had been put on beef tea, milk punch, and anodynes by the mouth and rectum.

Operation—Amputation of Forearm.—This patient's hand was crushed between rollers heated by steam. The palmar fascia was detached and the tendons bared.

It was some time before he could be released, and the injury was complicated by the burn.

An attempt to save his hand had been made, but its present condition utterly precluded the possibility of its recovery. Secondary hemorrhage had occurred. Ligatures had been applied, and the precaution taken to keep a tourniquet around the arm. The bones were in a state of caries, and fistulous openings had formed on the back of the hand. There had been erysipelatous inflammation, and he was feeble and anæmic.

Dr. P. was then compelled to resort to amputation of the hand, though it was with great reluctance that he did this, as it was impossible to supply its loss like that of the foot.

The operation here performed was that known as *Teale's*. It had been made by Teale a general operation, but it was one identical in principle with that adopted by Dr. P., and practiced by him for many years upon the forearm and the leg.

Two parallel incisions four inches long were made, one over the radius, the other over the ulna, leaving the radial and ulnar arteries on the inside. A transverse incision over the external aspect of the arm connected the distal ends of the longitudinal incisions, and a rectangular flap was dissected back containing all the structures down to the bone. The internal flap was then made in the same manner, one-fourth the length of the external. The flaps were retracted by a bandage, and the bones divided. The arteries were then carefully ligatured, and the flaps neatly united by the interrupted suture.

There was one advantage in cutting the long flap on the outside. The hand naturally lies in a state of pronation, and the long flap lies loosely over the end of the bones.

Teale insisted on perfect rest for the limb. He did not allow the arm to be lifted up even in dress-

ing it. This Dr. P. believed one of the reasons for the success which Mr. T. affirmed attended his operations.

Dr. P. then adverted to the risks of amputation, and the consequences often following, such as sloughing, angeioleucitis, pyæmia, metastatic abscesses, and inflammation of the interosseous membrane of the arm.

This case also demonstrated the necessity of being provided with two tourniquets. During the operation the webbing of the tourniquet gave way: another was at hand, and was immediately applied.

JULY 13TH.

Compound Fracture of Skull, with Laceration of Ear, &c.—This case was exhibited on the last day, and the prognosis pronounced very unfavorable. Dr. P. at that time called the attention of the class to it as interesting more from what had *not* been done than from what had been done.

The patient has since died, and we have been kindly furnished with a report of the case by Dr. Harlan, Resident Physician at the Hospital, which we give below:

Samuel A., admitted to the Pennsylvania Hospital on Friday, July 8th, with a compound fracture of the skull. He was engineer on a steamboat, and was struck by a heavy piece of iron detached and thrown off from the blower, while it was making several thousand revolutions a minute.

The accident occurred about two hours before he reached the hospital. There was a lacerated wound on the left side, extending from the middle of the cheek through the external ear. The zygomatic arch was broken through, the capsular ligament of the condyloid process was exposed to view, and a fracture of the skull could be felt before and above the ear. He was frantic and delirious, but seemed conscious of pain, and screamed and resisted violently when the wound was touched.

He was very restless, called loudly upon his friends by name, and endeavored constantly to rise from bed.

Pupils dilated slightly at the time of his admission, and to a greater extent a few hours after.

A slight depression of the bone was raised, both ends of the temporal artery were secured, and the wound brought together by sutures. 30 drops of black drop were given by injection, and he was strapped in bed. Before the bed-straps were used, it required all the strength of three men to hold him, but he afterwards became more quiet, and resisted only at intervals.

July 9th—Pupils natural, pulse full, and about 70. He lay pretty quietly, and recognized his friends; asked why he was fastened, and expressed pleasure when the straps were removed; still called

on absent friends by name, and was sometimes restless; towards evening became feverish.

He was ordered arrow root diet; black drop injection was repeated at night, and he was cupped on the back of the neck.

10th.—Not much change; consciousness rather less; still a little feverish; a little beef essence added to diet.

11th.—Very restless and feverish; skin hot and dry; consciousness entirely gone; unable to swallow at noon; pulse feeble and frequent; left pupil dilated, right natural; died at 10 P. M.

Post-mortem ten hours after death revealed a comminuted fracture, extending from the glenoid cavity to a point above and a little behind the external meatus; slight fissure also in the petrous portion. Membranes much congested, but brain unusually pale. Left hemisphere very much softened; right slightly so. Pus found under membranes all over the brain. Whole middle lobe of left brain broken down into a jelly-like matter. Pia mater separated, and convolutions unfolded to a remarkable degree.

Post-mortem Specimens—Bruised Artery, &c.—A case of shocking railway injury was brought in this morning, from which the patient died in about an hour. There was a compound fracture of the leg and thigh.

This portion of the tibial artery has been removed from the wound and divided longitudinally. The internal coat presents several lacerations; the external is whole. The vitality of the vessel is destroyed; when left to itself it does not roll up or curl upon itself. The tonicity or contractility of an artery is not owing to elasticity, which is a physical property, and does not perish with the life of the tissue.

If an attempt could have been made to save the limb, the injury might have closed the vessel, by a plug of lymph.

The formation of an embolus in the blood vessels is attended with danger. Detached and carried into the current of the circulation, they may occlude a blood vessel which will not admit of their passage, and may occasion sudden death in a manner which is otherwise unaccountable.

In one instance a flake of lymph lodging in the inferior cerebellar artery, cut off the supply of blood to that part of the brain, and the patient exhibited the peculiar rotary motion which attends an injury to or abrogation of the function of the cerebellum.

There was also in this case an exostosis of considerable size above the knee.

Gangrene of Stump Arrested by Actual Caution.—The patient whose arm was amputated on the 6th was brought before the class to exhibit the efficacy of a new treatment for traumatic gangrene, which

Dr. P. had adopted in this instance with complete success.

The flaps had early commenced to slough, and the rapid spread of the gangrenous condition had induced him to treat it as a case of hospital gangrene, where the gas, permeating and distending the cellular tissue, rapidly destroys its vitality and even escapes at a puncture made at a distance from the sphacelated portion.

He applied the hot iron to the flaps and entire fossa of the stump, with great relief of the patient's suffering, who bore the operation like a hero, and with entire arrest of the gangrene. Dr. P. had no doubt that this vigorous treatment had saved the patient's life.

Injury to Foot by Mowing Machine.—Dr. P. remarked: We are attempting to save a foot almost against all reasonable prospects, the patient declaring he would rather die than lose his leg, and as there is some chance of preserving his foot, we have made the attempt.

The lad is 19 years old. He was injured on Monday by a mowing machine, two or three knives of which divided the foot half through, cutting away the anterior half of the three cuneiform bones into the anterior surface of the os naviculare and the cuboid bone. He was exhausted by the loss of blood when he first came in.

I removed the os naviculare, taking care to cut round so as to save the insertion of the tibialis posterior tendon. To let the foot come up at rest, I divided the tendo-achillis by subcutaneous section. Without the division of the extensor tendon, it would have been impossible to save the foot.

Lead water and laudanum has been applied. He has taken neutral mixture and morphia, camphor water, and arrow root diet.

Deformity of Forearm after Fracture.—This patient's forearm presents a remarkable double angular deformity.

It was a fracture of both bones, occurred sixteen weeks ago; was not compound at first: became so subsequently by abscesses, and was treated out of this house, to which he has resorted to be relieved by an operation.

It was proposed by Dr. P. to perform a resection of the ulna, as in a case successfully treated by him, and published in the *REPORTER* for May 7th; but after the administration of ether, he succeeded in removing the deformity of the ulna almost entirely by forcibly bending the bone at its feebly united ends, and ordered the arm to be kept in splints, with the view of keeping up forcible compression.

The deformity of the radius was to be remedied either by a subsequent operation, or by the same means employed for the ulna.

Removal of Fatty Tumor.—An oblique incision was made through the skin upon a fatty tumor which occupied the region of the deltoid muscle in a female, and the tumor easily detached.

This direction of the incision was chosen to avoid gaping of the wound, and to ensure the least possible deformity from the scar. The wound was closed by sutures.

Hydrocele—Radical Cure.—This patient will be treated as I treat all cases of hydrocele—by the iodine injection.

I never had occasion to resort to any other operation, and I prefer the officinal tincture to Lugol's solution. I use a solution of two parts water to one of tincture of iodine.

While proceeding to operate, Dr. P. remarked:—The trocar should be well anointed, as well as the inside of the canula, to prevent the chemical action of the iodine upon the metal, and a long trocar only is fit for the operation. You must also be certain that you do not have hernia, either of the intestine or epiploon, or hydrocele of the cord.

There may be septa confining the fluid in sacs. The trocar is to be pushed through them. Hydrocele of the cord and tunica vaginalis may co-exist. I have cured them both by one operation.

I tap a little below the middle of the tumor, in front, the testicle usually lying behind.

Even this simple puncture is attended with hazard; I have known death to result from it. The excessive pain which the injection of the iodine occasions in this patient is referred to the iliac and hypogastric regions. This is in the course of the genito-crural nerve, which comes off from the second lumbar nerve, and runs to the outside of the tunica vaginalis.

It is not well to insist on the retention of the injection long after this pain is set up.

I prefer a large bulk of the injection, so as to distend the sack. It may be left in from five to ten minutes, according to the age of the patient and the duration of the disease.

After the operation there will be inflammatory oedema of the scrotum; a tumor will be rapidly formed, not of serum, like this, but of the liquor sanguinis. I expect it will gradually subside, not to return.

About a pint of serum was drawn off.

DEFERRED CLINICS.

JUNE 4TH.

Service of Dr. Neill.

(Reported by Mr. J. B. Hayes.)

Bent Clavicle and Fracture of the Humerus.—There is a fracture of the neck of the humerus, whether of the anatomical neck or surgical, it is not always easy to determine; it often involves a part of both.

In a young person it is an uncommon injury. This boy is 9 years old. In him the diaphysis and epiphysis are not consolidated. The separation sometimes occurs in this line.

The deformity and mobility of the parts were obvious.

Treatment.—It will be dressed, as you have seen on former occasions in similar injuries, by an internal angular splint reaching to the axilla, protected by cotton, and externally a hollow paste-board splint, with a cap at its upper extremity.

There is also an injury of the *clavicle*, of a kind not often seen. There is a marked rounded prominence of the bone in front. There is no mobility, crepitus, or alteration of the relation of the parts by sliding or rotation.

The terms *bent bone*, or *green-stick fracture*, are designative of a certain class of injuries. It may occur with or without partial fracture. Gibson says that it is impossible this should occur without partial fracture; Boyer is equally positive to the reverse. One says that, when straightened, the fracture becomes entire; others, that it is only to be reduced by gradual force.

I think that both are proper terms; that in proportion as the animal matter is greater the bone bends. On the contrary, it is a partial fracture when the bone has become more ossified. When some of the bony fibres have certainly given way, and when straightened forcibly, the remaining fibres give way. This may be absolutely true.

The interstitial effusion may prevent the adaptation of the fragments to their original position. The swelling in a bone partially broken is only on the convex side: when entirely bent, it is all around the bone, and is not easily immediately reduced.

This fracture occurs most frequently in the forearm. I have never seen it before in the clavicle, although 14 cases of it have been reported, and Erichsen mentions this bone first. When occurring in the arm, this deformity gradually disappears when placed in splints.

In the *clavicle* there is not an opportunity to make gradual compression, and it is hardly worth while to attempt to subject the patient to it. Nature will remove the swelling and straighten the bone sufficiently.

Compound Fracture of the Thigh.—This case has been shown several times, presenting various conditions. There is now a prominence on the inside of the thigh, above the knee joint; the skin over it is purpleish and thin. It is a collection of pus, and we shall anticipate the effort of nature to get rid of it by making an opening in advance. A sanious pus flows out; that discharging from the wound is of a better character.

It is better not to press too firmly on the abscess in emptying. This produces an increased effusion of lymph, which is converted into pus.

We have paid heretofore no attention to the position of the limb; now we shall make some effort to get it into a favorable position.

His diet is nutritious—beef tea, &c.

Hydrocele.—This patient has applied here numerous times for the palliative treatment. The scrotum has not the usual ovoidal appearance of hydrocele; but the sensation communicated to the finger is evidently that of a fluid.

About a pint of serum was drawn off by the trocar, and the testicle showed some thickening and hardness of the epididymis.

The patient was then discharged.

Luxation of the Thigh Reduced by Manipulation.—This patient was just brought in. The accident was occasioned by a brick wall falling on him. One leg he moved voluntarily, the other is rigid.

The line of the femur is thrown outwardly, and the thigh and leg are semi-flexed. He cannot straighten his limb.

In injuries of the hip our first question is, Is it fracture or luxation? There is rigidity here, and the trochanter is sunken in a marked degree. The whole pelvis is moved by taking hold of the limb. It is a luxation.

In every instance of luxation we look for positive signs, general as well as special. We look for rigidity, deformity, and painfulness on attempted motion. The deformity varies with the position of the head of the bone.

As Dr. N. proceeded with the examination of this patient, he remarked: In most cases the dislocation is upwards and backwards, and the foot is turned so decidedly inwards that there is no difficulty in recognizing it; but in this case it turns outwards, as you see.

It turns out in only two dislocations, which more rarely occur—on the pubis, when the limb is greatly everted and flexed, the head of the bone making a marked prominence in the groin, but the head of the femur cannot be felt in that position here; the other occurs with the head of the bone on the thyroid foramen.

The prominence of the head of the femur, often observed in luxation upon the foramen thyroideum, cannot be made out here. The position of the head of the bone in this instance can only be inferred from the peculiar deformity. You observe great elongation, eversion, flexion of thigh and leg, deeply sunken trochanter, the head of the bone not recognized by touch, abduction, and great contraction of the muscles connected with the ischium.

17*

I believe the head of the bone rests in front of the tuberosity of the ischium.

Recently the reduction of dislocations has been made on a new principle, or rather an old principle has been reduced to rules. Dr. Reid, of Rochester, has given admirable directions for reduction of dislocations of the femur upon the dorsum illi. It is not necessary now to resort to pullies.

This method of *manipulation* is based upon a knowledge of where the head is. Unless its true position be determined, we cannot act philosophically. It is satisfactory in most instances, though I have known it to fail.

The rent in the capsule is generally on the inner and lower side, and Reid's method consists in making the rent a fulcrum, and the shaft of the femur a lever. The leg is flexed on the thigh, and the thigh is carried over the sound thigh up to the extreme limit of flexion; then by simultaneous and sudden abduction and extension the head of the bone is made to assume a position opposite to the rent in the capsule, where it is drawn in by the muscles. The head is thus made to revolve in a circle from its new position, around the acetabulum, to the point where it came out.

The attempt to reduce it without the administration of ether was unsuccessful, the abductor and rotator muscles being in a state of firm contraction; but when the patient was fully etherized, and Reid's method being then ineffectual, the reduction was easily effected by *rotation* and *adduction*. The knees and feet were confined to prevent a recurrence of the accident.

The patient was literally knocked into the middle of next week by the ether! When asked if he knew what day it was, he replied, "Tuesday," and said the accident happened on "Saturday."

Convulsive Sneezing.—An extraordinary case of long-continued sneezing is related in *Virchow's Archives*. A young woman, aged twenty-two, of scrofulous habit, complained simply of ear ache, which increased until she was seized with violent sneezing, which continued with so little interval that she was unable to eat or sleep. The right ear was swollen and tender, and the paroxysms increased by pressure on it. She complained also of pain in the head and in the region of the diaphragm, with nausea and vomiting. In spite of the treatment, the attack continued with little intermission for three days, when it seemed relieved by warm baths, morphia, etc. In a few days the sneezing recurred with the same violence, but yielded again to the warm baths.

The relief seemed connected with the appearance of a discharge from the ear.

Reviews and Book Notices.

TRANSACTIONS OF MEDICAL SOCIETIES—

We have always regarded with favor the annual volumes sent out by our State medical societies. Their general tendency we believe is toward the advancement of the profession, for though they may sometimes be made the vehicle for unimportant communications, they more frequently contain essays of real value to the profession. The reports of prevailing diseases which most of them contain are valuable for future reference, and as throwing out hints in respect to modes of practice which will be suggestive to others. All our State societies should publish their transactions in a separate volume, and the system of exchanging volumes of transactions between the different State societies, as recommended at the meeting of the American Medical Association last year, should be carried out.

We have had several volumes of these transactions from different States on hand for some time, awaiting notice.

1. *Transactions of the Medical Society of the State of New York for the year 1859.*—Assembly Document, pp. 454.—The Legislature of New York very properly assumes the expense of publishing the transactions of its State Medical Society. It is money well appropriated, especially when as in the instance before us, a document is sent out which is alike creditable to the profession of the State, and to the Legislature that gives it publicity. The minutes of this meeting were published in full in the REPORTER for the 12th of February last, (vol. 1, p. 351.)

The address of the President, on the advantages arising from association, is a well considered and able document, worthy of an extended circulation.

The active pen of Dr. Frank H. Hamilton, of Buffalo, furnishes an article entitled *Prognosis in cases of Fracture of the Neck of the Femur within the Capsule, with especial reference to the question of an Ossific union; to which are added a few remarks on the subject of Treatment.* It having been claimed, and publicly taught, that Sir Astley Cooper maintained the doctrine that fractures of the neck of the thigh-bone were incapable of being repaired by osseous matter, and that in the whole course of his practice he had never met with a single instance of the kind, or heard of any being observed by others, and that when union does take place within the capsular ligament,

it is always by membrane—Dr. Hamilton shows conclusively, by quotations from Cooper's published works, that such was not the fact. In an article in the *London Medical Gazette* for the 25th of April, 1834, he says explicitly: "I deny that I have ever stated the impossibility of ossific union in these cases; on the contrary, I have given the reasons why they may occasionally unite by bone." Sir Astley also, on other occasions, denied having stated the impossibility of ossific union in these cases.¹ It is certainly surprising to what lengths men will go to support a favorite theory!

Dr. Hamilton enumerates the specimens, both in Europe and in this country, which are claimed to be fractures within the capsule united by bone, some of which he reviews at length, and with considerable feeling, though we think he does it with fairness. The differences of opinion on this subject, have given rise to a great deal of feeling, and it would seem to be hard to find a case that is conclusive enough to convince the incredulous on the subject, that bony union may occur in fractures within the capsule. Dr. Hamilton states his "I believe" in regard to fractures within the capsule as follows:

In the testimony on this interesting, but difficult, subject, "we think we see enough to warrant a belief that under certain favorable circumstances bony union may occur, but not enough to establish it beyond all doubt. There are those who feel much more assured, and who are as confident of this fact as that the shaft of the femur will unite by bone. We do not accuse them of credulity, and we invoke for ourselves the same exercise of charity towards our skepticism. We have never yet seen a specimen, which, upon a careful examination, proved satisfactory; but unless our want of conviction can be shown to be the result of a wilful blindness, we shall demand protection against those assaults and insinuations which have so frequently fallen upon those who ventured to doubt the authenticity of every specimen which was laid before them.

In the treatment of cases of this kind, Dr. Hamilton recommends the employment of Gibson's improvement of Hagadorn's apparatus. He says: "How long the patient will submit to this, or to any other mode of securing perfect rest, is very uncertain, and the decision

¹ Vide the Lettsomian Lectures on the Physical Constitution, Diseases and Fractures of Bones, by John Bishop, F. R. S. London, 1855. p. 55.

of this question must rest with the individual cases, and the good sense of the surgeon. Not very many old and feeble people will bear such confinement many days, without presenting such palpable signs of failure as to demand their complete abandonment."

This paper, like all Dr. Hamilton's writings, is characterized by vigor of thought and expression, and a familiarity with the literature of his subject, which is essential to an intelligent canvassing of the varied opinions of well informed writers and observers of this form of injury.

The next paper is by Dr. John Swinburne, of Albany, on the *Treatment of Fractures of the Femur by Simple Extension*. Dr. Swinburne's plan dispenses with splints, and substitutes a broad, well-padded perineal belt, adjusted as in all cases where it is indicated, with the exception that instead of being fastened to a splint, it is secured to the head of the bedstead. Extension is obtained by means of adhesive strips secured to the leg and forming a loop under the sole of the foot. A strong cord is passed through the loop of plasters, and secured to the foot of the bedstead. This method of securing a fractured limb leaves the seat of fracture free for the unembarrassed application of such dressings as may be needed—a desideratum certainly, especially in cases of compound fracture. By this method Dr. Swinburne has treated twenty-five cases, ten of which were hospital, and fifteen were private patients. A number of the fractures were intra-capsular. A record of the ten hospital cases is given. Dr. S. says that in but one of these was there visible shortening, nor was there any distortion of the thigh; no eversion or inversion of the foot. The average period of time during which extension was maintained was five weeks; and in the majority of cases union was tolerably firm at the expiration of three to four weeks, varying according to the age of the patient and the nature of the injury.

(To be continued.)

Very thin perforated Elastic Tubes are extensively used in England and France instead of tents of lint, sponge, etc. They keep the orifice in an abscess open, and effect its complete drainage. They are readily introduced, and produce no irritation.

Editorial.

MEDICAL SERVICE IN THE FRENCH ARMY IN ITALY.

In the REPORTER for July 9th, we published a notice from an English medical periodical that medical aid was wanted in the French army in Italy. This has led to inquiries from several quarters as to the proper mode of making application for enlistment in the French army. In order to obtain reliable information on the subject, we addressed a note to the French Minister at Washington, who has politely responded to this effect:

The French Legation at Washington has received no communication from the French government, which would lead him to suppose that it has any need of medical men. In all cases the necessary requirements for the position of a surgeon in the French army are, to be a Frenchman and a graduate in medicine, ("d'être français et docteur en médecine.")

It would appear, therefore, that whatever may be the wants of the army in Italy in this respect, the supply must be drawn from France. We should, however, think it very probable that well qualified and energetic surgeons, if on, or near the field of battle might find employment, particularly if the struggle should prove to be a protracted one. The numbers engaged, on both sides, are very large, and will be much larger still, if hostilities continue. It is said also that the new projectiles used, cause a greater proportion of serious and complicated wounds, than those used in former wars, and that the labor and skill of the surgeon are, in consequence, much more needed now than formerly.

THE NATIONAL DENTAL CONVENTION.

A Convention of Dentists is appointed to convene at Niagara Falls on the 2d of August, for the purpose of forming a National Association. The choice of a place of meeting is certainly remarkable, and does not, in our view, augur well for the permanence of any

organization that might result from the meeting; certainly not, if the same judgment that selected the place of meeting, should guide the councils of the convention.

But, as if to cast ridicule on the whole scheme, a zealous member, who announces himself as a delegate from the Mississippi Valley Dental Association, has, it seems, written to M. Blondin, the tight-rope dancer, requesting him to add to the natural grandeur of the scenery—which he is fearful would not be sufficient to attract a large attendance—by giving an exhibition of his daring exploits on the tight-rope over the boiling and eddying current immediately below the falls. We should be sorry to suppose that all this was *necessary* to induce an attendance of the dentists of the United States on so important a convention as the one proposed, and trust that its management will fall into more judicious hands.

The Medical Department of Pennsylvania College.—We have received the announcement of the course of lectures in this institution for 1859–60. The change in the faculty caused by the resignation of the old faculty, and the election of that of the Philadelphia College of Medicine to fill the vacancies thus occasioned, virtually uniting the two institutions, has been already announced in our pages. The present faculty is composed of active, energetic young men, capable of maintaining the high rank that this institution has so long held, and we heartily commend it to attention of our readers and bespeak for it a fair share of patronage.

Correspondence.

YAZOO CITY, MISS., July 11th, 1859.

Editors Medical and Surgical Reporter :

GENTLEMEN—Allow me to say through the pages of the "REPORTER" that I am highly gratified to learn of the intended republication in this country of "Caloric," by Dr. Samuel L. Metcalfe. Why the book has not ere this reached a second edition is a wonder to me. My attention was first called to it by an allu-

sion in the "*North American Medico-Chirurgical Review*," near a year ago. I immediately procured a copy through Messrs. S. S. & W. Wood, of New York, have read it and re-read it, and prize it above any book in my library. I would not exchange it for its weight in gold. No gentleman's library, much less a physician's, ought to be without it. In speaking of the book we should give its title in full, "*Caloric, its Mechanical, Chemical and Vital Agencies in the Phenomena of Nature.*" If I were asked why the book has not attracted more attention during the fifteen years it has been before the public, I should answer that it is too replete with common sense and philosophy to suit an age in which a great appetite still exists for mysteries. I feel confident, however, that the time will come when the work will be regarded as the master production of the most original and philosophic thinker that has ever lived. Should this meet the eye of any of the many friends I have, I hope they will not fail to procure the book, if they have not already done so.

One word more. Will not some friend of the lamented Metcalfe furnish his biography?

HUMPHREY PEAKE, M. D.

Periscope.

FOREIGN.

From the German by L. ELSBERG, M. D., of N. Y.

Staphyloma Posterius.—In the year 1816 Scarpa published an account of an abnormal prominence on the ball of the eye, found by him in two subjects of dissection, *analogous to staphyloma*, "a name given to different tumors of the anterior surface of the globe of the eye," only that it was *posteriorly*. His were, as far as known, the first observations on record. He faithfully described what he found, and named the tumor accordingly. From that time to the present, posterior staphyloma was an anomaly which only a post-mortem examination might occasionally disclose, until the invention of the ophthalmoscope made it possible to demonstrate its frequent occurrence and its true relations. A knowledge of the disease must now be considered of very great importance to all physicians, since every one, without being a special ophthalmist, may be called upon to give advice to short-sighted persons, who almost exclusively are liable to it. *First*, its anatomy;

secondly, its symptomatology; *thirdly*, its etiology, with its relative occurrence and nature; and *lastly*, its treatment, are in the following report successively considered. For our information we are entirely indebted to *Geissler's* review (*Schmidt's Jahrb.* 1859, vol. 101, p. 84) of *Noizet*, *staphyl. posterius*, *Gaz. Hebdom.* V. 17, 21, 23, 27. 1858.

I. Pathological Anatomy—Shape of the Eye.—The antero-posterior diameter of the eye is always increased, becoming 28-32 mmtr. (1.1024—1.26 English inches,) thus exceeding the normal length by $\frac{1}{5}$ — $\frac{35}{100}$ of an inch, giving to the eye a more or less elongated egg-shaped, and sometimes pear-shaped form.

The *staphylomatous prominence* is most frequently single, and is located at the outer side of the optic nerve, with its centre corresponding to the place of the macula lutea. The optic nerve is sometimes compressed or pushed inward. It has been found atrophied, and once, by *Von Ammon*, even separated from its sheath before the latter joined the sclerotic, so that a small space existed between sheath and nerve. The staphylome may also be *double*, in which case the prominence at the inner side is however, considerably smaller than at the outer. *Hasner* found, in one instance, the projection involving the whole of the posterior half of the globe, the insertion of the optic nerve being stalk-like.

The color of the tumor is the bluer the further the affection has progressed. The blue coloration is not caused by the choroid shining through, nor by a varicose condition, but is simply due to a dim medium (i. e. the thin sclerotic) stretched over a dark back ground, whereby the blue rays are reflected while the yellow and red are transmitted. Hence the sclerotic, cut out at the staphylomatous place, looks yellowish-red before a light back ground. The law here involved was laid down, according to *Noizet*, by *Leonardo da Vinci*, already. The sclerotic is at the projected places, but very little consistent, as thin as tissue paper, and stretched even to bursting, like a hydatid membrane. Under the finger the sensation of a filled bladder is sometimes conveyed. (As complications, *hydrophthalmia*, *cuticular obscuration*, *enlargement of the anterior chamber*, *corneal affections*, &c., may also be met with in the staphylomatous eye, the pathological anatomy of which complications is of course excluded from our present report.)

A section of the bulb reveals, at the circumference of the place of entrance of the

optic nerve, a characteristic white speck of pearly lustre, occasionally, though but very seldom, with a dirty yellowish tint. This speck corresponds to the sclerotic or its projections. In the beginning of the disease the white speck has the form of a half moon, the concavity of which accurately surrounds the outer half of the circumference of the papilla. The pearly lustre distinguishes it perfectly from the yellowish red look of the papilla. As the disease progresses, the border of the convexity of the half moon shows less distinctly; sometimes it is irregularly notched. When progressed to a high degree already, the white speck will have considerably extended, with its convex boundary very irregular, and on the inner side of the papilla there will then almost always be observed a similar but much smaller semilunar speck, so that the nerve is then entirely surrounded. An analogous change in the periphery of the macula lutea may, at this high point of the development of the disease, also be detected. The appearance of the white speck is produced by the more or less intimate union of the membranes of the eye, which are attenuated and transparent. If the point of prominence corresponds to the macula lutea, a white stripe, seen from within, may be observed extending over a rather limited part of the bottom of the eye, while the rest of the inner surface of the staphylome is but little distinguished from the normal color of the floor of the eye, *provided* that the color has not changed by secondary inflammation of the choroid.

As to the changes of the individual membranes specially. *a. The sclerotic* is in all cases posteriorly extended, softened, thinned, and rendered transparent, in proportion to the size of the prominence, it having already been observed to have lost more than two thirds of its normal thickness, and to be so much stretched as almost alone to form the covering of the tumor. Its fibrous structure is, at the same time, always preserved. The thinning is greatest in the middle, corresponding to the macula lutea, and gradually decreases towards the limits of the tumor, beyond these limits the sclerotic being of normal thickness. At the place where the white speck is visible, the sclerotic is firmly adherent to the choroid, but at all other places, even within the staphylome, they can be easily separated.

Normally, the sclerotic is pierced by a very small branch of the posterior ciliary artery, which lies next to the optic nerve, in a horizontal direction towards the nasal side, and a much larger one lying on the outer side of the nerve

towards the macula lutea, somewhat below the former. These vessels divide either immediately before or during their entrance, and with their branches, circularly surround the insertion of the optic nerve, and twigs of this arterial circle pierce the body of the nerve.

Now, in posterior staphyloma, the outer side of this arterial circle is more developed, the larger of the two branches of the post. cil. art. going to the sclerotic, is thicker, and the diameter of its bifurcation enlarged, so that it lies further away from the optic nerve.

b. The choroid also is stretched and thinned, and on the level of the white speck it has entirely lost its pigment. Often even it is more or less discolored over the whole extent of the staphyloma. The discoloration commences with a softening of the superficial pigmentary layer, and ends at the white speck with the disappearance of the inter-vascular pigment; until the latter occurs, the vessels are bare, but are laterally still surrounded with interstitial pigment. At the white speck the choroid and the sclerotic are so intimately united that it becomes difficult to determine the anatomical character of the first. Its vessels also often disappear, and indeed many ophthalmists believe that all the elements of a membrana choriodea are lost. Beyond the staphyloma the choroid is normal. No plastic exudation between the two membranes has ever yet been noticed. The ciliary vessels are sometimes entirely obliterated, the ciliary nerves thinner than usual. In cases very far progressed, anomalous accumulations of black points or plaques have been found forming at the borders of the white speck, answering to newly-developed pigment.

c. The retina is usually preserved perfectly intact, even over the white spot which shines through its more or less transparent tissue. In worse cases, the constituents of the retina have been found less coherent, even at some points thinned, and at others by accumulated granulations thickened. The vessels remain unchanged, and the retina is easily detached from the choroid. The macula appears somewhat removed from the papilla on account of the distension of the retina. Only in very extreme cases fibro-plastic elements take the place of the retinal, glueing this membrane also to the white speck, and destroying all traces of the macula lutea and the foramen cœcum. But in such cases evidences of an exudative retinitis are found, as well as sometimes (as by *Jacobson*, f. i.) a subretinal hy-

dro-effusion, all of which must, however, be regarded only as secondary phenomena.

The vitreous humor is in the majority of cases entirely or in part more liquid than in the normal condition. This increased liquidity begins posteriorly, and progresses forwards. Only a small portion, in the neighborhood of the ciliary body, remains usually of normal consistence.

The crystalline lens is, when the disease is well developed, obscured in its posterior cortical substance. The ancients were aware that posterior cortical cataract is usually connected with greater liquidity of the vitreous humor and amblyopy. The impairment of nutrition of the eye therefore evidently proceeds from behind forwards. When the whole lens is obscured, a small, hard cataract is found. It is, however, of course understood that these cataracts may also occur unconnected with posterior staphyloma.

The muscles of the eye, especially the rectus internus and obliq. infer., as also the ciliary muscle, *Arls* has found thickened.

The Symptomatology of Posterior Staphyloma claims our attention next.

(To be continued next week.)

In the treatment of dysentery *M. Clerc*, of Tours, finds that the application of plasters of belladonna or stramonium, applied above the pubes, and renewed every day, very quickly relieve the tenesmus and shorten the progress of the disease. He combats the diarrhœa by nitrate of silver lavements and pill of opium, and nitrate of silver and rhatany extract.—*Med. Times and Gaz.*

Anæsthesia by Congelation.—*Dr. Arnott* says in the *Medical Times and Gazette*, "It is stated as a defect of congelation that the tissues are hardened by it. If the surgeon wishes to dissect a part without embarrassment from hemorrhage, he must cut while it is frozen and must give his knife a little more pressure than usual; but if he has no such wish, he can wait until the tissues have thawed, as the part does not regain its sensibility for several minutes afterwards. The duration of the insensibility is generally proportionate to the duration of the previous congelation.

The objection to congelation in the deeper operations, on account of the insensibility produced being only superficial, may, I think, be greatly removed by combining pressure with it. This not only allows the cold to penetrate

deeper by arresting the circulation, but equal and strong pressure probably itself possesses some auxiliary anæsthetic effect. I have no doubt that an arm or leg, particularly when attenuated by disease, might thus be completely rendered insensible in amputation."

Guaco as a Remedy in Specific Poisoning.
—Dr. Parola gives an account, in the *Omodei Annali*, of some experiments with guaco, which, in South America, has obtained great celebrity in the treatment of serpent bites, in the form of decoction of the leaves. Dr. Parola's experiments would seem to show that it is capable of effectually preventing the inoculability of syphilitic virus when mixed with it, that it promptly arrests gonorrhœa, and promotes the cleansing and healing of venereal ulcers. He proposes its employment in other diseases depending on a specific virus, as malignant pustule, and analagous affections, malignant dysentery, purulent ophthalmia, hospital gangrene, &c.

—o—
AMERICAN.

The Influence of Tobacco and other Narcotics in Producing Amaurosis and Epilepsy.
Dr. Brinsmade, late President of the New York State Medical Society, stated in his address before that body that three-fourths of the cases of amaurosis that are upon his record, have happened in those who have been in the habit of the excessive use of tobacco. And, seven-eighths of the cases of epilepsy in adults (exclusive of puerperal convulsions, and those connected with injuries to the head,) have occurred for the first time in those who have been in the habitual use of some alcoholic stimulant or narcotic, as ardent spirits, opium or tobacco.

Expansive Force of Slow Oxydation of Iron.—At a late meeting of the Manchester Philosophical Society, says the *Scientific American*, H. M. Ormerod produced two specimens of iron used in buildings which have become so oxydized as to injure the structures in which they had been used. An iron cramp taken from a buttress of the Manchester Parish Church had become treble its own thickness by rust and had thus split the building in the centre, and lifted about twelve feet of the wall. It was inserted about ninety years ago. The other piece of iron was a

small wedge taken from the steeple of St. Mary's Church; it was three-eighths of an inch thick originally, but had increased to seven-eighths of an inch with the rust. There were several wedges used, and these had lifted the stones which they were meant to keep in their places, and some of them had even been split by the slow but certain force of rust expansion. The steeple was erected in 1756, and the upper part had become so ruinous by these wedges that it had to be taken down pursuant to a notice given by the city surveyor.

Sleep of Plants.—Plants sleep as well as animals; the attitude that some of these assume on the approach of night, says the *Scientific American*, is extremely interesting to those who delight to study the beautiful phenomena of vegetable life. Some plants exhibit signs of sleep more marked than others. The leaves of clover, lucerne, and other plants close as the sun approaches the horizon; and in the honey locust this characteristic is particularly striking and beautiful. The delicately formed leaves close in pairs at nightfall, and remain so until the rising of the sun in the morning, when they gradually expand to their fullest extent. It is in common garden chickweed (*stellaria medica*) that the most perfect exemplification of the conjugal love and parental care of plants is observed. At the approach of night the leaves of this delicate plant, which are in pairs, begin to close towards each other, and when the sleeping attitude is completed these folded leaves embrace in their upper surfaces the rudiments of the young shoots; and the uppermost pair (but one) at the end of the stalk are furnished with longer leaved stalks than the others, so that they can close upon the terminating pair and protect the end of the shoot.

Cream as a Substitute for Cod-Liver Oil.
The *N. A. Medical Reporter* says, "Prof. Clark, of New York, who is a most thorough pathologist, recommends the use of pure sweet cream as a nutritious article in consumption. He informs us that he has used it for some years in this disease, with very gratifying results. We now have a patient under treatment, with consumption, who is taking the cream instead of cod liver oil, according to the advice and counsel of Dr. Clark, and the cream has had better effect than the cod-liver oil."

Husband's Magnesia.—P. B. Wilson, of Philadelphia, says, in the *Druggists' Circular*, I have made a careful quantitative analysis of Husband's "Celebrated" Calcined Magnesia, at Dr. F. A. Genth's chemical laboratory, and am very sorry to say it is very little better than the Commercial Calcined Magnesia sold for one-tenth of the price. It is undoubtedly not so pure as represented by the proprietor. The following are the results:

Magnesia,	84.38 per cent.
Carbonate of Magnesia,	9.41 "
Water,	3.47 "
Carbonate of Lime,	.05 "
Sulphate of Soda,	.88 "
Alumina,	.85 "
(Iron, a trace).	

99.04

Opium Gathering in Bithynia.—The green capsules of the poppy (we copy from the *Druggists' Circular*,) are almost round and have a diameter of 10 to 12 centimetres. Women were occupied making irregular, circular incisions, from which the milk exuded in drops that soon coagulated and fell off. Experience has taught them not to cut deeper than to about half the thickness of the covering, since the cells containing the milk are nearer the periphery, and deeper incisions would cause the juice to empty into the inner capsule. The incisions are made by means of a common knife with a very sharp point. They commence their work as soon as the warmth of the sun has removed the night-dew from the fruits. About noon this work is stopped; the juice then becoming dry enough during the afternoon to resist the evening and night-dews. The women then collect the hardened gum from the capsules into a vessel fastened before their breasts; the instrument used is the same knife. This being completed they spit (sic!) on the juice to impart to it the necessary moisture and form it into an even mass from which the opium cakes are formed. Each cake is wrapped in two leaves of the poppy, and placed on a board in an airy room for the purpose of drying. This is the Opium Constantinopolitanum of the European trade.

Chloroform.—A writer in the *Household Words* gives the following description of the discovery of the powerful anæsthetic properties of chloroform:

To Professor Simpson, of Edinburgh, belongs

the distinguished credit of introducing chloroform, which has nearly superseded all other anæsthetics. Possessed with the notion that something better than ether existed in the chemical world, the professor set about deliberately to examine any volatile substance which afforded a promise of revealing the required properties. Various gases and liquids were experimented upon; and at last chloroform—a ponderous liquid which provoked no great expectations, and only known as a chemical curiosity in the laboratory—was brought to the trial. Doctor Simpson, with his two assistants, sat down late one night, after an arduous day's toil, and, when most physicians, as well as patients were wrapped in sleep, began to inhale various substances which had been collected. A small bottle of chloroform had been raked up out of some obscure corner, and was to take its turn with the rest. Each experimenter provided himself with a tumbler or finger-glass, a portion of each selected fluid was poured into the bottom of it, and the glass was placed over warm water to favor evolution of vapor. Holding the mouth and nostrils over the vessel, these votaries of science courageously explored this *terra incognita* by inhaling one vapor after another. At last each charged his tumbler from the small bottle of chloroform, "when immediately," says Professor Miller, "an unwonted hilarity seized the party; they became bright-eyed and very happy, and conversed with such intelligence, as more than usually charmed other listeners who were not taking part in the proceedings. But suddenly there was a talk of sounds being heard like those of a cotton-mill, louder and louder; a moment more, then all was quiet, and then—crash.

"On awaking, Doctor Simpson's first perception was mental: 'This is far stronger and better than ether,' he said to himself. His second was to note that he was prostrate on the floor, and that his friends were confused and alarmed. Hearing a noise, he turned round, and saw his assistant, Doctor Duncan, beneath a chair, his jaw dropped, his eyes staring, and his head half bent under him; quite unconscious, and snoring in a determined and alarming manner. More noise still, and much motion, and then his eyes overtook Doctor Keith's feet and legs making valourous efforts to overturn the table, or more probably to annihilate everything that was on it.

"All speedily regained their senses, and from that day, or rather from the middle of

that night, dates the discovery of the marvelous properties of chloroform."

The Secret Medical Society.—We copy the following from a communication in the *Semi Monthly Medical News*, Louisville:

"It seems that many years ago a number of physicians in the city of New York formed themselves into a Society under the name of the Kappa Lambda Society of Hippocrates, ostensibly associated for social and scientific purposes, but really for the promotion of the personal interests of its members, by means of the concerted and furtive action of the body. For a while the Society itself became a secret as were its plans and agencies, but intruded itself into respectable professional company a year ago by sending a delegate to the American Medical Association at its meeting in Washington. This impertinence provoked an exposure in the republication of the report just referred to, which was originally made by a committee of the Medical Society of the County and City of New York, and approved by that body of some three hundred physicians.

The report shows that the Kappa Lambda Society is a veritable *conspiracy*, detestable in its purposes, and unprincipled and base in its modes of accomplishing them.

The presence of this latent, corrupt and corrupting influence in the bosom of the medical community of New York will go far to explain the inferior position and character which that body of physicians, with an abundance of individual merit among them, has maintained, compared with their brethren of Boston or Philadelphia.

The comparative failure of institutions for medical education there—the perpetual intrigues that agitate and distract the medical public—the flagrant derelictions of its members that go unwhipt of justice—the inexplicable and harlequin appearance of professional success and reputation in that city—all these things that have been observed among New York physicians, with equal surprise and regret on the part of their medical brethren elsewhere, may be accounted for by the pernicious operations of this clandestine association.

Let us hope that the comment of one who appears to have investigated the subject, with a proper appreciation of its mischievous tendencies and effects, is well founded—at least, so far as it relates to our own community, 'it is found no where but among medical men, and only in New York.'

Medical News.

A New Chloroform Inhaler, invented by Mr. Todd, has been received with favor in England.

It has been used by Mr. Dixon at the Ophthalmic Hospital. It consists of a nose-piece and perforated cylinder of metal, having within it a piston, the rod of which is hollow. Through the hollow rod the chloroform is poured on a sponge, which is fastened to the piston within the cylinder.

By elevating and depressing the piston the sponge and chloroform are carried nearer or farther from the patient's nostrils.

Mr. D. Napier, a Distinguished Engineer, proposes to prevent the river Thames being the receptacle for all the filth of London by a simple plan of mooring iron barges at the mouths of sewers, into which the filth would pour. These, when filled, would be removed by steam-tugs to a proper place for deposit. Air-tight compartments would make the barges buoyant, so that they could be emptied by opening traps in their bottoms. To preserve the sewerage for manuring purposes, he proposes that the barges be grounded on stages at high water, so that carts could pass under them at low water and receive their contents, to be distributed over the fields. During heavy rains, the excess of water from the sewers would necessarily be allowed to overflow the barges, which might be done without great detriment. It is believed that the system would pecuniarily prove self-supporting.

The Earth and its Inhabitants.—If we suppose the world to have existed 6,000 years, and each generation of its inhabitants passes away in thirty years, and numbers one thousand millions, and that four individuals may stand on one square yard, we will find that the whole number will not occupy a compass so great as one-fourth the extent of England. One hundred and twenty-seven miles square will be found sufficient to contain the almost inconceivable number of two hundred thousand millions of human beings, which vast number rather outnumbers the seconds of time that have passed since creation.

A Statue of Jenner, cast in bronze, has been set up temporarily opposite the river front of the Louvre, Paris.

Baudens says that Chloroform was administered in thirty thousand cases in the French army in the Crimea without any fatal accident from it. In the English army only one death is attributed to it.

There are six thousand Physicians in the State of New York.

Sir David Brewster, who is now one of the most eminent men living, has reached his seventy-eighth year. He still continues his active scientific researches, and is a regular contributor to the scientific journals.

Important papers are expected from him on the stereoscope at the next meeting of the British Scientific Association.

He is, besides, a christian and a philanthropist, and his talents and energies have been devoted to the means of alleviating the miseries and increasing the material comforts of the humbler classes.

Humboldt's Library.—Mr. Wright, American Ambassador at the Court of Berlin, has offered 50,000 thalers for the library left by Alexander Von Humboldt.

The City Hospital of Chicago is completed, and is to be opened for the reception of patients, and for clinical instruction.

The medical Board consists of: *Physicians*, Drs. D. Laskie Miller, Joseph K. Ross, Samuel C. Blake. *Surgeons*, Drs. Daniel Brainard, Geo. K. Amerman, Geo. Schloetzer.

Dr. Grover, of Mokence, Illinois, has obtained a patent for an abdominal supporter, to take the place of the ordinary bandage or binder applied after delivery.

The New Poison recently brought from the interior of China, to which was attributed remarkable tonic properties, has been examined by Dr. Christison, who states that it is a species of aconite.

Tracheotomy has been successfully performed for asphyxia and apparent death from chloroform, by Langenbeck, of Berlin.

A Profitable Dinner.—The *Medical Times and Gazette* says that the Royal Free Hospital has netted about ten thousand dollars by its annual dinner this year.

The Iron Thread is coming into extensive use, and is believed by many surgeons to be as efficient, if not superior to the silver suture. Dr. Simpson, of Edinburgh, whose operations for vesico-vaginal fistula have been very successful, always uses the common annealed iron wire, guage No. 32. In his recent cases he has dispensed with all buttons, clamps or splints, simply twisting the wire, and all of these cases have been successful.

The Ecraseur.—The *Lancet* says "the ecraseur has become almost obsolete in London hospital practice. We have ever looked upon its use as an unsurgical proceeding. Like every other novelty, it has had its trial, and it will soon be altogether laid aside, unless in some very exceptional surgical maladies, in which the risk of hemorrhage may again require its aid."

A writer in the *Dental Register* suggest that the Grand Duke of Tuscany be invited to preside over the "National Association of Dentists."

The Florence Nightingale has been adopted as the name of the new floating hospital for yellow and ship fever patients in the New York Bay. This is an improvement on the former name of the vessel, the *Falcon*. Dr. Elisha Harris, formerly Quarantine Physician, has been appointed to the medical charge of the floating hospital.

Dr. John Bell has been appointed by the Board of Health, Physician to the Charity Hospital of this city.

We see it stated that Dr. James Bryan, of this city, has been appointed Professor of Anatomy in the New York Medical College.

TO CORRESPONDENTS.—Drs. S., Berkeley Co., Va., M. & B. of Penna., and others, are referred to the editorial department of this week's number of the REPORTER for the information they seek.

MARRIAGES.

SPRATT—DEWHURST.—On the 6th of July, by Rev. John P. Hall, George Spratt, M. D., of Great Valley, Chester Co., Pa., to Mrs. Hannah Dewhurst, of this city.

NOW IN PRESS, AND TO BE SOON ISSUED,

A NEW

MEDICO-LEGAL TREATISE
ON
MALPRACTICE
AND
MEDICAL EVIDENCE,
CONSTITUTING THE
ELEMENTS OF MEDICAL JURISPRUDENCE.

BY JOHN J. ELWELL, M. D.,

MEMBER OF THE CLEVELAND BAR, PROFESSOR OF CRIMINAL AND MEDICAL JURISPRUDENCE AND
TESTAMENTARY LAW, IN THE OHIO STATE AND UNION LAW COLLEGE, AND
ONE OF THE EDITORS OF THE WESTERN LAW MONTHLY.

Large 8vo. Stereotyped Edition, Printed on the First Quality of Book Paper, Manufactured expressly for
the work, and bound in the best Law and Medical Sheep. Price \$5.

JOHN S. VOORHIES,

No. 20 Nassau Street, New York.

Sent by mail, postage paid, on receipt of price. Address the Author, at Cleveland, or Publisher at New York.

There is no work devoted to these very important subjects, though greatly needed by both the professions of Medicine and Law. The existing works on Medical Jurisprudence, valuable as they may be in other respects, do not even allude to the important and deeply interesting subject of MALPRACTICE; vital as it is to Medical Men. Nor is there anything definite upon this subject within the whole range of legal literature, except as it is found scattered throughout the vast range of law Reports. The physician or surgeon, therefore, can no where lay his hand upon a treatise that will clearly and fully define his rights, duties, and responsibilities as a professional man. Every medical man, may, and should, understand clearly his legal liabilities. If he does not, he is at the mercy of enemies, ignorant and mercenary patients and their friends.

Lawyers also complain because the subject of Malpractice is in so much confusion. In no class of cases do they have so much trouble in preparing their cases as in these, because the matter belongs to another science, and their authorities upon it are to be gathered by great labor from their Reports.

The MEDICAL WITNESS should so thoroughly understand his rights, duties, and the importance of his position, as to be able to appear upon the stand unembarrassed, and with honor to himself and to his profession.

MEDICAL EVIDENCE also to the attorney, is completely buried beneath useless discussions of medical questions and theories foreign to the subject, as treated in most works on Medical Jurisprudence. Anomalous and unusual cases, are of no practical value to the attorney, and useless to the physician. The attorney cannot use these cases, and therefore discussions upon them, only confuse and disgust him, while they are worthless to the medical man, because he has the same matter in a better shape in his elementary works on Medicine and Surgery.

In this treatise the author has endeavored to set forth for the use of the attorney, and the physician and surgeon, what is *settled* and *authority* in both professions, upon MALPRACTICE and MEDICAL EVIDENCE, stripped of everything else—illustrating the matter fully by the *leading adjudicated* cases. He has been assisted essentially by Judge HAYDEN, of the Law School, and Profs. THAYER and CASSELS of the Medical College.

PLAN OF THE WORK.

1. The general principles of law, defining the duties and liabilities of medical men, with copious references to legal works. 2. The inherent elementary impossibilities of the science of medicine, for which the medical man should not be held responsible. 3. What can and should be accomplished by the Physician or Surgeon in Amputations, Fractures, Dislocations, &c., out of which grow most of the cases of alleged Malpractice. 4. The leading adjudicated cases upon these subjects. 5. A Digest of Prof. Hamilton's cases on Deformities after Fracture. 6. Liabilities of Druggists—leading adjudicated cases. 7. Statutory Laws relating to Physicians and Surgeons. 8. Criminal Malpractice, with adjudicated cases. 9. Abortion—cases. 10. Medical Fees. 11. Evidence in general. 12. Medical men as experts. Medical Evidence—its history. 13. Circumstantial Evidence. 14. Experts—their testimony generally. 15. Medical Books as evidence. 16. Insanity treated at length, with leading cases. 17. Infanticide—cases. 18. Rape—cases—the Beale case. 19. Poisoning—with Arsenic and Strychnia in particular, with leading cases. 20. Identity—the Webster case. 22. Coroner's and Post Mortem examinations. 23. Other cases where the medical witness must apply the elements of Medical Jurisprudence.

NATHAN STARKEY,

MANUFACTURER OF

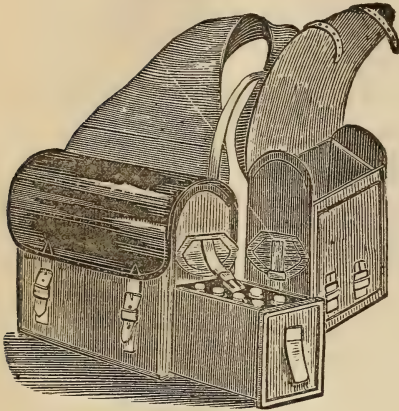
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11 " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 " "	19 00
No. 3, " 48 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " "	8 50
No. 8, " 15 " " " " "	6 50
No. 9, " 14 " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish.

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments.

Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of these Baths in all the principal cities of Europe, and the desire which has been so constantly expressed by the profession, to have a place, containing the necessary apparatus and attention—has induced the subscriber to open an establishment for their especial administration at No. 1121 Spruce street. The institution has received the highest approval and entire sanction of the most eminent practitioners of this city and New York. Such arrangements have been made, that separate Reception and Bath Rooms, and appropriate attendance, is to be given to the different sexes, and every other privacy, convenience and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly welcomed, and every explanation as to the working and application of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths applied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

139

No. 1121 Spruce street.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

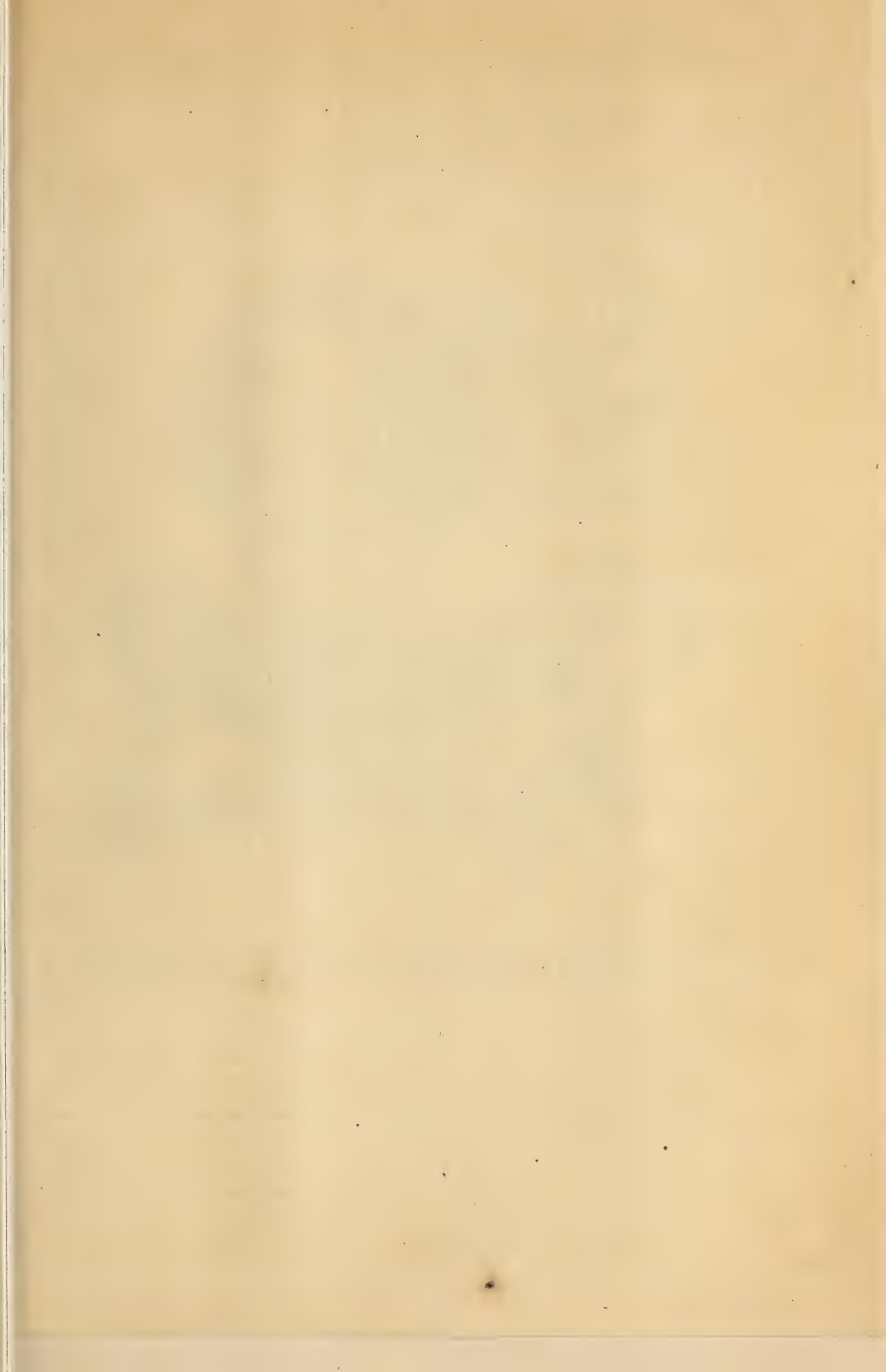
Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartsborne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Levis, M. D., " "
Isaac Hays, M. D., " "
P. B. Goddard, M. D., " "



OPERATION FOR UPPER AND LOWER JAW FOR NECROSIS,

By G. GRANT, M. D.,

Newark, N. J.



PORTIONS OF THE UPPER AND LOWER JAW REMOVED.

APPEARANCE OF PATIENT AFTER THE OPERATION.





THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 145.

PHILADELPHIA, JULY 30, 1859.

NEW SERIES,
{ VOL. II. NO. 18

Original Communications.

ANATOMY

IN ITS

RELATIONS TO MEDICINE

AND

SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 9.

CRANIAL REGION (continued).—If the longitudinal sinus be laid open, its interior will exhibit fibrous ridges, little round bodies "*Pacchionian*," and numerous orifices along the sides, *veins of the pia mater*, all of which open into the sinus, directed obliquely forward.

Arachnoid and dura matral processes.—Let an incision be carried through the dura mater, entirely round, on a level with the section through the cranial bones, and then turn up towards the median line of the head, and two smooth, moist surfaces will appear, one united to and inseparable from the inner face of the dura mater, the other next the brain, and separated therefrom by the pia mater; this is the *arachnoid*, the second or serous membrane of the encephalon. Like all serous organs, it is a closed sac, and in consequence of its adhesion to the dura mater on one surface, the division of the latter necessarily opens its cavity. Its color, when healthy, is a dead white intermingled with the slightest possible leaden hue. If a knife be pushed down to and passed around the crista galli, the dura mater may be removed back, and with it one of its processes, the *fala cerebri*, drawn out

from between the hemispheres of the brain, thus exposing the whole superior part of the remaining membranes. By lifting up the posterior portion of the cerebrum, another process can be seen—the *tentorium*. Extending from the occipital protuberance forwards to the extremities of the petrous portions of the temporal bones, and thus separating the cerebrum from the cerebellum.

Pia mater.—Beneath the arachnoid is the pia mater, the last of the three membranous investments. Its structure consists of blood vessels, united by delicate connective tissue, which, sinking down into the spaces between, and mounting over the convolutions of the brain, is most accurately modelled to the form of its periphery. The arachnoid, while it lies in contact with that portion of the pia mater over the convex or exposed surface of the convolutions, does not follow it into the anfractuositities or spaces between them. The space between the two membranes is the *sub-arachnoid space*, and is occupied by a fluid, the *sub-arachnoid* or *cerebro-spinal fluid*.

The veins of the pia mater are large, and possessed of extremely thin walls, and lie in that portion of the structure between the convolutions. They are the great feeders of the sinuses. The three membranes now enumerated, fibrous, serous, and vascular, are common both to the cerebral and spinal portions of the nerve axis; in other words, are continued from the cranial chamber, throughout the spinal canal.

Practical Remarks.—The ridges in the sinuses are natural, the Pacchionian bodies likewise, the last being only apparently within, encroaching upon the interior, by prolonging the separating structures before them. The

sinuses will sometimes be found empty, at other times distended with coagulated blood, determined, in a great measure, by the mode of dying.

The forward direction of the venous orifices being opposite to the moving current in the sinus, would seem to be unfavorable to the discharge of their contents. Why such a disposition of parts should exist, can only be understood by regarding the following considerations :

The brain requires, for the proper exercise of function, a certain amount of pressure, which is supplied partly by its blood, and partly by the cerebro-spinal fluid. The withdrawal of this is productive of giddiness, confusion of ideas, and even syncope. Again, the whole mass of the encephalon is subjected to two movements; one of which is *cardiac*, and consequent upon the wave of blood sent into the large trunks at its base and elsewhere; the other is *pulmonic*, and produced by respiration.

During inspiration, when the thoracic walls and pulmonic tissue are expanded, the venous blood in the upper part of the body runs rapidly toward the heart, but during expiration, when these parts are contracted, the vessels are subjected to pressure, and the downward currents necessarily arrested, the turgid condition of the veins of the neck seen to take place during this respiratory act is sufficiently demonstrative of the fact. When an individual takes a few rapid and deep inspirations, quickly succeeding each other, a dizziness of the head is experienced, by the draining influence of such acts upon the vessels of the brain. Apply these facts to the subject in question, and it would appear that during the cardiac movement or impulse, when the brain rises in order to gain room, the sides of the sinus must be pressed toward each other, (for the fixed nature of the falx major prevents, in a great measure, the lower part being carried to any extent upward,) which approximation considered in connexion with the oblique direction at which the veins enter it, will not only press out the blood from the sinus, but at the same time close the venous

orifices, so as to prevent their discharging any blood for the moment. These acts being much more frequent than the respiratory, tend to counteract the extreme operations of the latter.

One or two examples may serve to illustrate the idea. An object of great terror suddenly confronts an individual, he starts back, and at the same time makes a sudden and profound inspiration, followed by a deadly pallor of the countenance, reels, and perhaps falls to the ground insensible. Here the deep inspiration has drained suddenly the vessels of the head, hence the paleness. If loss of consciousness does not follow, the heart immediately sets to work, and by increased activity endeavors to restore the lost pressure, by pumping blood rapidly into the encephalic vessels. Or, suppose a person falls from a height, or receives a blow upon the head, followed by insensibility, the respiration is reduced in frequency, the inspiratory part of the process being short, and the heart's action diminished in frequency also, by these means the vessels of the brain are kept moderately full, and therefore calculated to prevent a more dangerous degree of insensibility.

It should never be forgotten that there may be great disturbances of the intellectual functions from an absence as well as an excess of blood; and these disturbances often resemble each other so closely, as to make the differential diagnosis a matter not always easy, though exceedingly important to be ascertained, as the treatment appropriate to the two conditions is diametrically opposite.

As this blood pressure is influenced very much by gravity, there are certain precautions to be observed from this fact. A patient reduced by a protracted illness should not be placed suddenly in the sitting posture, as it may produce fainting, and even fatal consequences. In this view of the subject there are periods in the course of fevers attended with great debility, where the change of linen ought not to be too rigidly insisted upon; where even dirt becomes more tolerable than that change of position which is required for its removal. The same circumstance would indicate the propriety of placing the head low in

fainting, or after exhausting hemorrhages, or its elevation in inflammatory states of the intracranial contents.

The more rapidly the pressure is removed, the sooner will fainting be brought about. In consequence of the muscular relaxation which follows such a state, it is sometimes necessary to produce it to aid us in the reduction of luxated joints, or hernial tumors, where ether is not available. As the result is all we desire, the sooner it can be effected the better, and at the least expenditure of the vital fluid. We therefore call to our aid the effect of gravity, by directing the erect position, and making large orifices in the veins opened. Or again, there may be cases of disease where it becomes necessary to avoid fainting, and yet to abstract a large amount of the circulating fluid; as, for instance, in peritonitis, or in some cases of pneumonia; then the recumbent posture should be observed, the head low, and the opening in the vessel not too large. In sleep there is a condition of fulness in the vessels of the brain, brought about and maintained in a good measure by both the action of the heart, and the state of the respiration. The considerable period between the inspirations during this state can scarcely have escaped the notice of any observer.

The falx major or cerebri is often found deficient in certain parts, especially in old subjects. Hard masses, resembling bone, are also frequently attached to its structure. These are sometimes bone, but more commonly consist of a fibrous basis, with a deposit of some earthy constituents. The fact of the sinuses being between the laminæ of the dura mater, leaves them liable to be opened, especially the superior and lateral ones, by spiculæ of bones in fractures, or even by the trephine in the hands of a careless operator.

The close attachment of the arachnoid to the same membrane exposes it to violence from whatever may affect the latter. Inflammation of the arachnoid may be overlooked, unless caution be observed. No marked discoloration is to be expected, but simply spots of opacities from adherent lymph. The cavity of the arachnoid should in health only be moist ;

a collection of fluid constitutes *hydrocephalus externus*, rather a rare condition. Its relation to the periphery of the brain will explain the possibility of compression occurring when such an accumulation occurs.

Inflammation of the pia mater is the *true meningitis*, though the term in a more extended sense may express a similar condition of any of the membranes. Its vessels present such diverse appearances, that much caution should be observed in expressing a pathological condition. These are found in various degrees of congestion, depending sometimes on cardiac disease, atrophy of the brain, or intemperance. The influence of alcoholic stimuli when long used as in habitual drunkards, is seen in the varicose condition of its vessels, the result of over distension. When its structure is infiltrated with serum, it is *œdema*. *Tuberculosis* of the pia mater is common. Its vessels may be ruptured by blows producing an extravasation of blood, which will, from the loose connexions of the membrane, be more extensive than those occurring exterior to the dura mater. To evacuate a clot thus situated, requires a division of parts calculated to render the result exceedingly unfavorable.

The *sub-arachnoid fluid* situated between the arachnoid and the pia mater is supplied from the vessels of the latter; it is protective to the brain, and its quantity bears a certain proportion to the quality and amount of the blood circulating in the vessels of the encephalon.

Encephalon.—This consists of the cerebrum, cerebellum, pons varolii, and the medulla oblongata. The cerebrum consists of two halves (*hemispheres*) which are connected to each other at the bottom of the dividing fissure, by a commissural bond, the *corpus callosum*, beneath which are cavities, the cerebral *ventricles*. There are five of these, two *lateral*, a *third*, *fourth*, and *fifth*, all of which communicate with one another, (except the fifth, which is cut off by the development of the fornix,) and are lined by prolongations of the pia mater and arachnoid membranes. The two first ventricles contain large ganglionic masses of neurine, the *corpora striata*, and *thalami*.

ON MICROSCOPICAL DIAGNOSIS.

By GUSTAF VON DUEBEN.

Translated, with Annotations,

By Professor LOUIS BAUER, M. D.,

Member of the Royal College of Surgeons, England, etc., etc.

LUNGS AND SPUTA.—Under sputa we comprehend every secretion of the air passages and the respiratory organs raised by forcible expiration. As the sputa have to pass through the mouth, they may incidentally be the exponents of the normal and abnormal contents of that cavity. On examining the sputa, great care should be taken not to confound the microscopical elements of the two anatomical provinces.

The presence of pus, in the sputa especially, may give rise to doubts as to its origin in one or the other of these provinces. Having already and repeatedly adverted to pus as a microscopical constituent in various secretions, we may at this juncture enter more fully upon its microscopical considerations.

In order to be impartial, we have copied and annexed the diagrams of Lebert, Henle Vogel, (fig. 24,) which represent the various

Fig. 24.



phases and changes of the so-called pus-corpuscles. In comparing these with the mucous and white-blood corpuscles, (fig. 16, 20, *b*, 21,) irrespective of the variable number of nuclei and granules, we find no marked difference, they being all of from 0.004 to 0.010 mm. in size, more or less finely granulated, rarely without, mostly with from one to four nuclei, equally susceptible to acetic acid and other reagents, otherwise pale and of delicate organization. It is, therefore, quite impossible to discriminate one from the other in an object containing two kinds of these corpuscles.

The only basis of diagnosis is the number and locality from which they have been derived. Thus, for instance, in the sputa the number of mucous corpuscles is comparatively small and scattered. Abundance and conglomeration of corpuscles therefore indicate pus.

Of pus-corpuscles we can recognize two stages of development—the young cells, the corps-pyoides of Lebert, (fig. 24 *a*, *d*, *g*), and the matured corpuscles, (fig. 24, *b*, *h*). In the former the formation of nuclei and granules is yet imperfect, and the liquid contents predominate; in the latter the corpuscles present themselves in an uneven surface, owing to their numerous nuclei and granules. These are the characteristic pus-corpuscles. They are, however, found under circumstances which do not admit of mistake. In pus derived from an abscess, or from copiously secreting mucous membranes, granules will be noticed that present dark contours and strongly refract light. Besides these, fat granules are sometimes visible. Both may be isolated, or comprised in the pus-corpuscles themselves. The presence of these elements may be considered additional proof of pus, except when they have passed the oral cavity, where such granules may exist as residues of food.

If the examination of sputa leaves no doubt as to the presence of pus, and furthermore, if the pus has not originated in the choanæ or the mouth, we may rationally infer that an inflammatory affection of the respiratory organ is going on. The microscope alone, however, cannot define the nature and the seat of the affection. But it is evident that microscopical examination will lend valuable assistance to auscultation and percussion in specifying the diagnosis. In some cases the microscope alone may render diagnosis easier, and indicate the character of the disease in the absence of other guides. Hence its paramount utility.

1. Catarrhal affections of the respiratory organs.

In either acute or chronic catarrh the expectoration comprises *pus*. In the former the sputa are thin, frothy, sticky, and mixed with small bluish lumps of gelatinous consistence.

As microscopical elements we find :

Pavement epithelium in different stages of development from the mouth.

Cylinder epithelium from the nasal cavity ; occasionally *ciliated epithelium* from either the latter, the larynx or bronchi.

Oblong epithelium, from the finer branches of the bronchia and the lungs themselves.

Pus-corpuscles, mostly of recent formation, perfectly spherical, finely granulated, and through imbibition of fluid, rather larger than usual.

Exudation corpuscles.

Fibrinous particles and *fragments of the mucous membrane*, as presented under the head of pneumonic sputa.

Pickford states that he had seen pigment cells in catarrhal expectoration.

In chronic catarrh the sputa are now and then, as in the acute form, thin and frothy, but we notice an element highly characteristic, namely : small bluish-white or yellowish-gray lumps, exceedingly cohesive and viscid, adhering to the vessel, and, when immersed in water, sinking to the bottom.

The microscopical forms characteristic of these sputa are about the same as enumerated, though with a decrease of pulmonary elements, and an increase of highly matured pus-corpuscles and of fragments of bronchial mucous (base-ment) membrane.

Dr. Black* related the presence of urate of ammonia in the sputa of capillary bronchitis and rheumatism ; of oxalate of ammonia in oxaluria ; of cholestearine and biliphæine in teterus. Although these substances have no bearing upon the principal disease, yet they indicate the complication of the latter, and are therefore of semiotic interest.

2. Croupous Affections of the Respiratory Organs.—The chief characteristics of the sputa in genuine laryngo-tracheal or bronchial croup, are fragments of coagulated fibrine, variable in size, shape and firmness. This appearance is so conspicuous as to be readily recognized by the eye. Besides the pseudo-

membranes the sputa have some elements in common with pneumonic sputa, which will now engage our attention.

Sputum Pneumonicum.—The microscopical elements in this sputum are of a diversified description, comprising the matured epithelium from the oral cavity, (fig. 20 a, 25 n,) *young epithelium* from the same place, round, not yet flattened, (fig. 25, a,) *cylindrical epithelium* in great variety (fig. 25, b,) from the

(Fig. 25.)



choanae and pharynx, not unlikely deprived of their cilia. (fig. 25, c.) This epithelium is not always as perfect as represented in the annexed diagram, but sometimes broken down, thereby increasing the number of granules in the pneumonic sputum.

Epithelium from the second layer of the bronchia below the ciliated cells. (fig. 25, d.)

* Monthly Journal of Medical Science, Edinburgh, vol. 16.

Their number in pneumonia, acute and chronic bronchitis, is almost incredible. When oval and less granulated, the larger cells can be easily discriminated from pus corpuscles, whereas the smaller ones, from the finer bronchial tubes, and especially when highly granulated, require the agency of acetic acid for discrimination, their nuclei showing themselves differently from those of pus corpuscles.

Pus corpuscles occur in all possible forms, large, small, transparent, with one or more and entirely without nuclei; dark, granulated, (à aspect framboisé—Lebert); shrivelled, etc. (fig. 25, *e*). The lower corpuscles of the group, after a longer submersion in distilled water, have been subject to the action of acetic acid.

Exudation corpuscles (fig. 25, *f*, inflammation corpuscles—Gluge.) These elements were first observed in inflamed tissues, but since also under other circumstances, from which it seems probable that they are either conglomeration of fat (proteine?) granules, or fatty degenerated cells of tissue concerned in the decay. Those found in the pneumonic sputum are, in all probability, the fatty degenerated epithelial cells from the bronchi.

* * * * *

Fibrinous Particles (fig. 25, *g*, *h*), consisting of cylindrical casts from the bronchial tubes, with embedded epithelial cells. The diagram (fig. 25, *g*), represents an object removed from the mouth of a child suffering from capillary bronchitis; *h* from an adult on the fourth day of pneumonia. These casts occur in some sputa abundantly, in others, scantily, for which we are unable to account. The size of these casts is in proportion with the lumen of the bronchial tubes in which they originate.

Fragments of the Mucous Membrane—(Fig. 25, *i*).—Although it is yet questionable whether fragments of the mucous membrane detach themselves and mix with the sputum of pneumonia, we have, nevertheless, observed rags and fragments which correspond so closely with the anatomical nature of the mucous membrane, as described by Black, and are so much at variance with the other microscopical constituents of pneumonic sputa, that

we are disposed to admit them as particles of that structure. In the annexed diagram (fig. 25, *i*), we have exemplified a specimen of the said description. It presents no granules as in the fibrinous casts; is flatter and more irregular in form. The sharp dots seem to be young nuclei. (Black.)

Red Blood Globules occur constantly and in large numbers in sputum cruentum. They are either isolated or joined to each other; in the latter case they are of irregular form, almost quadrangular; some crowded, shrivelled and partly decayed. (Fig. 25, *k*.)

Red Flakes (fig. 25, *m*), minutely granulated, of variable and indefinite shape, consisting apparently of hæmatine.

All these form-elements are to be found in pneumonic sputum, however changeable in cohesion and density it otherwise might be.

We have purposely entered upon an extensive discussion on catarrhal and pneumonic sputa, in order to exemplify the direct utility of the microscope in defining both the extent and the nature of the disease and the structure affected.

In either bronchitis or pneumonia the physical signs are pretty reliable clinical guides. But in lobular and occult pneumonia the microscope is indispensable for early and correct diagnosis.

3. *Vomicæ and Tubercles*.—If a patient applies for professional advice, who has passed through pneumonia, whose physical signs conform with the anæmosis and the rational symptoms of progressive destruction of the lungs, the diagnosis is extremely easy and plain. Not so easy, by far, is the diagnostic discrimination of such cases in young individuals, where all clinical methods of investigation prove a chronic pulmonary catarrh only. And in these obscure cases Prof. Schröder Van der Kolk has taught us to employ the microscope to advantage.

Strange enough, though evidently useful in differential diagnosis; the microscope has in this respect been totally ignored. According to our personal and extensive experience on this point, we can but affirm its high value in

obtaining positive results, where all other signs are of a mere negative character.

We know from pathological anatomy, that in pulmonary catarrh only the mucous membrane of the bronchial tubes, and that but partially becomes disintegrated. The same must be said of acute pneumonia on its resolution and return to health. In none of these cases can other form-elements be anticipated than those which strictly belong to the mucous membrane. And experience has confirmed this expectation. If, however, pneumonia assumes a chronic course, or suppuration has to perform the office of removing inflammatory obstruction in the parenchyma of the lungs, the disintegration goes beyond the mucous membrane, and the microscope reveals the morbid changes of all the structures involved. The same we notice in tuberculosis. In both eventualities we have expectoration, and find in the sputa the essential fragments of the bronchial tubes. Thus, for instance, in vomica we look for and meet with elastic fibrillæ in commensurate proportion to the size of the vomica; we indeed never missed them under such circumstances. We refer our readers to the diagrams (figs. 26, 27,) as good specimens.

(Fig. 26.)

(Fig. 27.)

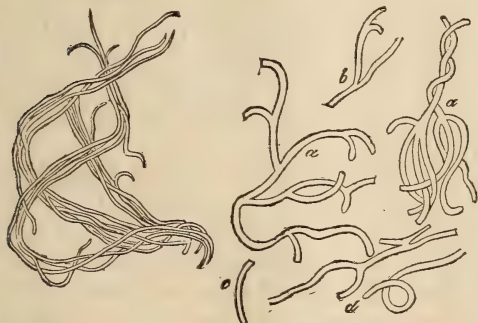


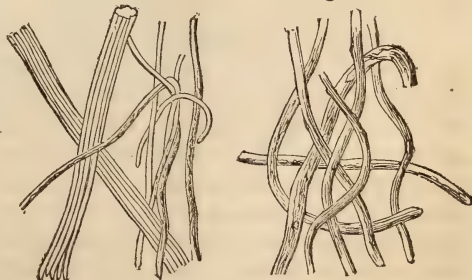
Figure 26 was taken from a patient, in 1850, an inmate of the Seraphinian Hospital of Stockholm. His case was set down as acute bronchitis, in which diagnosis all symptoms concurred. There were, however, elastic fibrillæ in the sputa, indicating incipient tuberculosis. Subsequent clinical observation has since verified the correctness of the diagnosis. Elastic fibres may be readily recog-

nized by their regular, curved, dichotomic, equally wide, sharply contused anastomosing fibrillæ, still more distinct under the action of acetic acid. *These fibrillæ are, therefore, the structural evidence of vomica*; their early discovery in dubious cases the basis of an early and correct diagnosis.

Incipient tuberculosis characterizes itself by a more or less chronic catarrh, its sputa, comprising a large number of pus-corpuscles, oblong and round epithelial cells of the second layer (fig. 23, *d*.) representing at the same time the peculiarities of sputa coeta. In taking, however, a small quantity of the paler portion of the lungs, and extending it very thinly on a glass slide, fragments of elastic fibrillæ will be found, with a power of 250. For obvious reasons we find the latter more readily in incipient than in advanced tuberculosis, because the disease is of less extent, and the catarrh restricted to the bronchial tubes nearest to the deposits. Both the morbid action and the bronchial secretion are limited. The small lumps then exhibit the elastic fibrillæ in the best, *i. e.* the least disintegrated condition, being at the same time of large size; whilst in the advanced disease the structural elements are broken up into small particles, and therefore less distinct and recognizable. Fig. 26, represents the elastic fibrillæ in tuberculosis of recent origin. Schroeder Van der Kolk, and the author have seen still larger fragments, so as to exceed the optic field of the microscope. Fig. 27 (*a a*) are forms observed in a later stage of tuberculosis, although scarcely in consummate phthisis. In this, as well as in vomica terminating chronic pneumonia, the elastic fibres in the sputa are much decayed,

Fig. 28.

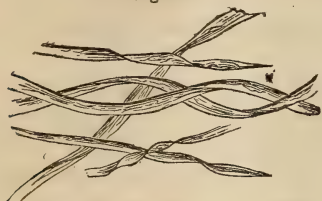
Fig. 29.



and therefore found and recognized with much more difficulty, (Fig 27, *b*, *c*, *d*.) Their diagnostic importance decreases, however, in reverse ratio, as the disease advances.

In order not to confound elastic fibres with the fibrillæ of linen, (fig. 28), silk, (fig. 29), or cotton, (fig. 30), their respective diagrams have been annexed.

Fig. 30.



4. *Gangræna Pulmonum*.—In well established cases of pulmonary gangrene, the history of physical symptoms, the characteristic quality of the sputa and the peculiar offensive odor of the latter, as well as of the breath of the patient, are reliable clinical guides for diagnosis. Sometimes, however, as, for instance, in inebriates, a simple bronchial catarrh or pneumonia may become associated with a foetid breath and expectoration, indicative of gangrene of the lungs. And in other instances the sputa may become discolored, either accidentally or intentionally. In cases thus doubtful the microscope, discretely applied, will facilitate diagnosis. The sputa derived from this disease exhibit, under the microscope, the fragments of pulmonary structure, elastic fibres, particles of the mucous membrane, decayed epithelium, granulated cells, misformed pus-corpuscles, black and other granular and amorphous material. The elastic fibres in gangrene of the lung are usually very short, but numerous, so much so as to occupy almost the whole field of the microscope, (fig. 27, *c*).

5. *Accidental Elements in the Sputa*.—The class of accidental elements in the sputa is rather large and diversified. It comprises all sorts of foreign bodies, (fruit kernels and stones,) also calcareous concretions from obsolete tubercles, of which we have seen some in the form of minute corals. In this category belongs the case of Bennet, who found in the sputa, and subsequently in the caverns of

a phthisical patient an alg, (penicikum glaucum?) Frorieps Nolzén, 1843, vol. 33.

Again, the case related in vol. 104, page 160, of the same periodical, in which large quantities of red hair were expectorated, and, on post mortem examination, balls of the same material were found in the lungs, some of the size of a hen's egg. And finally, the cases of echinococci in either sputa or lungs, whither they had been carried with the matter of a hepatic abscess. These cases are, however, too exceptional to employ our time here.

Reduction of a Dislocation of the Humerus after Five Months, or One Hundred and Forty-three Days.

By JOHN SWINBURNE, M. D.,

of Albany, N. Y.

June 28, 1859, Anson Ormsby, of Lewis county, N. Y., aged sixty years, entered the Albany City Hospital as a private patient.

Previous History.—On the ninth of February, 1859, twenty weeks and three days ago, patient dislocated the left humerus from the shoulder, by falling forward and striking upon the extended arm. He sought surgical aid, and an attempt was made at reduction on the same day. The operator believed he had succeeded in restoring the head of the bone to its socket and pronounced the joint perfect. Six weeks afterward the same physician confirmed his opinion, and volunteered to warrant complete success.

On the twenty-ninth of April, a period of eleven weeks and five days from the date of the accident, or eight weeks and three days ago, the same physician, after examination, decided that the shoulder was re-dislocated. Consequently, on the thirtieth of April, another attempt at reduction was made. Chloroform was employed, but according to patient's narration, in quantities insufficient to relax, but on the contrary to excite muscular contraction.

After laboring for three hours and a half, the operator desisted, being unsuccessful. Six weeks thence, or seventeen weeks and five days from the accident, tumefaction and inflammation having sufficiently subsided,

patient went to Brownville and also to Watertown, Jefferson county, for surgical advice. He was recommended by all to have no more attempts made at reduction, inasmuch as it was considered irremediable after so long a period of time.

Mr. Ormsby unwilling to despair of a cure, applied to me, and was admitted into the Hospital as above stated, on the twenty-eighth of June. The head of the humerus was found in the axilla, downwards and forwards.

On the following day, Drs. Bailey, Willard and Vanderpool, being present, patient was plied with chloroform until fully unconscious, and the reduction began. A band of calico was employed, folded three times to procure strength, and perforated through the middle by a hole sufficiently large to admit the arm and bear upon the axilla below and the acromion and coracoid processes above. With the heel in the axilla, we succeeded in destroying the adhesions, and extending the arm attempted to restore the head of the bone to its socket. After trying in this manner for about twenty-five minutes, the pulleys were adjusted and more extension made. The head of the bone was drawn outward and upward by a band adapted to the purpose, and the elbow then brought over the chest, when the head entered the glenoid cavity, but without the usual jerk, from the fact, probably, of the cavity being rendered unusually shallow by deposition. For the same reason, the head of the bone remained unusually prominent after the reduction of the dislocation.

The whole operation required three quarters of an hour, and was completed by placing a heavy compress in the axilla, and securing the arm with the elbow partly in front of the chest, by a sling and bandage. Patient was then placed in bed, and bladders filled with ice applied about the shoulder.

June 30. Patient rested moderately last night, and suffers no great amount of pain—swelling less than was anticipated.

July 1. During the night, patient by some means threw the head of the bone from its socket and reproduced the dislocation. This afternoon he was placed on the floor, and by

extending the arm, and drawing outward and upward upon the upper extremity of the humerus, at the expiration of about ten minutes the head suddenly re-entered the glenoid cavity, this time with a sensible shock. The arm was then secured as before, and additional cautions prescribed to the patient. Ice-bladders applied around the joint.

July 2. Patient suffers but little pain, and is but slightly bruised. Joint in perfect position.

July 9. Arm in perfect position. The unusual prominence of the shoulder is rapidly disappearing, the head of the bone sinking deeper in its socket from the absorption of deposited matter. Patient has no pain, and there is scarcely any swelling or discoloration around the joint. Much caution used in keeping the arm perfectly secure, especially at night.

July 16. Arm in perfect position, and patient can easily move it in various directions. No deformity remains.

July 19. Patient discharged cured.

The length of time elapsing between the date of dislocation and that of reduction, being more than twenty weeks, is noticeable from the fact that dislocations are rarely considered reduceable after three months.

It is also worthy of notice that the deformity did not disappear immediately after reduction, as is always the case in recent dislocations.

Is it not possible that surgeons may be sometimes in error, in cases of long standing, from this circumstance; and that cases are sometimes abandoned as irremediable, because of the impossibility of restoring immediate symmetry; whereas by securing the parts as accurately and firmly as possible, the deformity may gradually pass away, as absorption of deposited matter progresses, and the head of the bone settles more and more accurately into its natural position?

A French Giantess, named Virginée Beauchamp, who is six feet five inches high, is now exhibiting herself in England.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

JULY 16TH.

Service of Dr. Pancoast.

(Reported by Mr. J. B. Hayes.)

Railway Injury—Amputation of the Leg.—This was a case of injury of the lower extremities, which came in the night previous, and demanded an operation of some kind. The tarsal and meta-tarsal bones of one foot were broken and dislocated, and an extensive lacerated wound had bared the posterior half of the sole of the foot.

There had been a good deal of capillary oozing, but rather than irritate the parts by searching for the bleeding vessels, that admirable styptic, Moncel's salt—the persulphate of iron—had been used to stop the bleeding, and the foot had been left at rest.

After some remarks upon the different operations at or near the ankle joint, one of which would be performed if the case would admit, the patient was etherized, and Dr. P. proceeded to make a thorough investigation of the extent of the injury.

The finger could be carried through the wound in the sole into the ankle joint, and the destruction of the parts was found to be so extensive that it was deemed advisable to perform the ordinary operation upon the leg above the ankle. This was deemed the more necessary from the compound nature of the injury, as affecting both limbs.

The operation differed from the ordinary flap operation, inasmuch as the cut was made from within outwards. It was the operation which Dr. P. preferred in the leg. Two lateral flaps were cut, containing all the structures down to the bone, that on the inside being the longer. The flaps were retracted, so that the bones might be divided an inch above the incision in the skin. When brought down the flaps came together freely over the ends of the bones, which were left surrounded by their natural coverings.

The stump was to be left exposed to the air until all disposition to bleed had disappeared, and until it was polished over with a plasma of lymph, in accordance with a method long practiced in this house, and was to be very slightly encumbered with dressings.

The injury of the other foot demanded no operative interference.

Results of Treatment—Several Cases.—Dr. P. remarked that the patient to whose gangrenous stump the actual cautery had been applied, and who was

before the class on the last day, was doing remarkably well.

He introduced the patient upon whose forearm it had been his intention to perform resection, if he had not been able to bend the callus. He had succeeded in removing the angular deformity of the *ulna*, by bending it, four days before. The compression kept up by splints had succeeded in restoring the fragments to their proper position.

Stump of Forearm Amputated by Teale's Method.—The case of amputation of forearm by Teale's method was exhibited to the class. It had done extremely well.

Mr. Teale dwells on the disadvantage of covering the stump with numerous heavy dressings. This has been covered very lightly, and has been lifted up from its bed of oil silk and cotton but once or twice in seven days.

The pus is allowed to flow freely out. In 24 hours the side sutures were taken away, according to Teale's direction. This is very proper. Sutures are often left in too long, keeping up an inflammatory action, which proceeds beyond the desirable effusion of plastic lymph.

The diet had been sustaining.

Dr. P. believed that there was great merit in this unirritating method of treating stumps.

Scrofulous Abscess of Face.—This is situated on the cheek, about the line of the crowns of the teeth of the lower jaw.

Its history is obscure. It presents the appearance of a scrofulous sore, and he has the marks of scars upon his neck.

This is not a dental fistula, with which, at first sight, it might be confounded. These occur most frequently about the base of the lower jaw, from a degenerative inflammation of the sockets of the teeth.

The probe is easily passed into a sinus an inch in extent, open at both extremities. The tissues covering the track of the probe must be laid open. The sinus is lined by an impure plasma, which cannot be restored to its original character.

The sinus was then laid open by a bistoury on a grooved director, and the degenerated plasma removed by scraping with the handle of a scalpel. The edges of ill-formed skin were snipped off by scissors.

JULY 20TH.

Progress of Cases.—Dr. P. remarked that he now considered the patient as out of danger whose arm was amputated two weeks ago. The skin flaps were lost by sloughing, but he would have a very excellent stump of the arm.

The young man whose leg you saw amputated

four days ago for a railway injury, never seemed to recover fully from the shock of the injury. On the succeeding day he was delirious, with a pulse of 130, hot skin and dry tongue. An extensive erysipelatous inflammation has been set up in the limb. Yesterday he improved, and to-day he is better, but I am by no means sure that he will recover.

In the case of this patient now before you—whose injury by mowing machine and the points in the treatment of which I dwelt upon a week ago—our attempt to save the leg has done extremely well. I think it has a fair chance of being successful.

We are a little apprehensive in regard to a chill which he had day before yesterday. Why should he have a chill? He has lived in a malarious district, but he has the appearance of robust health. When pyæmia sets in, it never occurs immediately after the operation. In one day you are not to expect it to follow; but if on the ninth or tenth day the patient has a decided chill, you are to be on the *qui vive*. Fortunately, 48 hours have elapsed without the recurrence of the chill, and the case is more hopeful from this circumstance. If pyæmia had set in properly, he should have a peculiar odor and a return of the chills.

He now takes the muriated tincture of iron, and quinine ten grains a day, with the most nutritious and stimulating food.

Hydrocele—Case 1st.—This patient was treated a week ago for the radical cure by injection with tincture of iodine.

The operation was followed, as we anticipated, by the rapid formation of a tumor, which has subsided, leaving the scrotum corrugated and nearly of its natural size.

In my large experience of this disease, I may say that I never knew it to recur after this mode of treatment. The whitish coating with which you see the scrotum covered is a deposit of the meconate of lead from the lead water and laudanum with which the tumor was kept moistened.

Case 2d.—This is complicated with syphilitic enlargement of the testicle. The test of transmitted light, however, clearly reveals a fluid here, but more at the back and side of the sac than usual; therefore I make the puncture here, in an unusual position.

A fluid tinged with blood runs from the canula when the trocar is withdrawn. The testicle is found to be twice or three times its natural size, and we can now detect adhesions between its anterior face and the sac.

This is what in olden times would be called a hydro-sarcocele, not myself meaning, however, by sar-

cocele a cancerous disorder, but a fleshy enlargement.

Dr. P. thought that the iodine injection, by its local action, had a tendency to promote absorption of tumors of the epididymis and testicle, and that it was especially indicated here. The solution he used deposited the metal in flakes upon the walls of the sac. He also cautioned the class against injecting with any irritating substance when the spermatic canal was congenitally pervious to the fluid, and referred to a mode of operating for hernia which he had successfully practiced 20 years before, and which he was disposed to resume, by injecting the hernial sac with stimulating solutions, using at the same time proper precautions to prevent their entrance into the cavity of the peritoneum.

The patient was directed to go to bed; and to prevent dysuria, the ordinary house mixture, camphor water, spts. of mindererus, tartar emetic, and morphia would be given.

Operation for Removal of Internal Piles by the Ecraseur.—The subject of this complaint was a sailor, a class of men unusually liable to this disorder, their salt food disposing them to constipation.

After explaining the nature of this affection, defining the cases where operative interference is demanded, and describing the methods formerly much in vogue, and still in use, for the removal of piles, Dr. P. expressed his decided preference for the *ecraseur*, which, for its rapid execution, safety and comfort of the patient, possesses a decided superiority over every other instrument.

The mode of its operation was exhibited to the class in the removal of two internal piles of the size of a filbert. The patient was etherized, and two instruments were used conjointly. This Dr. P. considered much safer than the use of a single instrument, as the inventor practices, when the whole circumference of the gut is involved.

The *ecraseur* acts by first compressing and then dividing the parts, leaving a cleanly cut surface much less in extent than the base of any tumor to which it may be applied. This surface is left to unite without any other application than simple dressings. It never bleeds, and the cure goes on rapidly.

The time occupied in this case, from the application of the *ecraseur* to the complete separation of the piles, was about 12 minutes. In general, the time depends on the vascularity, size, &c. of the tumor.

A tube was introduced, to be kept in the rectum, and an injection ordered, containing 2 or 3 grains of the watery extract of opium.

DEFERRED CLINICS.

JUNE 8TH.

Service of Dr. Neill.

(Reported by Mr. J. B. Hayes.)

Swelling as a Symptom of Inflammation.—The 1st case is that of a man who has received a blow upon his face, which has produced certain symptoms, not so important in themselves, but serving to elucidate some principles of practical moment. There is no fracture, but great swelling and redness, attended with some inconvenience; he is unable to open his jaw.

I will direct your attention to swelling as one of the accompaniments of inflammation, a phenomenon which you see so often that you hardly attach the idea of its real nature to it.

This swelling has nothing characteristic in it; there is nothing in its appearance to determine whether it be permanent or temporary, injurious or reparative. There is nothing malignant in it; it is not cancerous, nor dependent on chronic disease—but on an injury. It is a local symptom of inflammation—a simple expression of inflammatory change.

Inflammation is exhibited by a variety of symptoms; there is no *single* characteristic. Swelling is not always present, nor can it always be manifested to the sight and touch. If this jaw were laid open, the tissues would be found infiltrated with serum and lymph; these to a great extent constitute the swellings that we meet in our experience.

The history of the lymph and serum—their changes and destination—is a subsequent matter; this patient will not show them all; and to elucidate them we must bring other patients before you. It is the object of this clinic to bring before you facts, and to deduce those generalizations from them which are usually called the principles of surgery.

Treatment.—By treating this swelling with cold water, it will entirely disappear, and illustrate that result which is technically termed *resolution*.

The 2d case is that of a boy with an injury of the head, which I showed you the last day. He received a blow from a piece of coal. I stated then that the character of swelling from injuries varied in the different tissues, and was modified by the subsequent changes in the material effused.

The scalp is underlaid by loose cellular tissue, and the characteristic of the swelling, or bump, as it is commonly called, is that the edges are abrupt and hard, and the central portion is soft, giving rise to the idea of an abscess or depressed bone. I then could not help thinking it a depressed fracture of the external table; although cautioning you at the same time against the deceptive feeling.

There is no cerebral disturbance. The swelling is softened and fluctuating. You can here see the changes which go on in the swelling, or rather in the materials which compose the swelling; it feels as if it were *pus*. Why, and how is this change effected? First, the swelling is caused by an effusion of lymph and serum, which are of the same essential constitution in all individuals, modified by individual types. How is it *lymph* one day, and *pus* the next? And where does the *pus* come from?

I will venture to say that none of you commenced the study of medicine with correct ideas of the formation of *pus*. I would say, in the first place, that suppuration has nothing to do with the flesh. Suppuration is never formed of the tissues.

Neither skin, nor cellular tissue, nor bone ever suppurates. This invariably, unalterably and universally is the result of the formation of lymph; there is no source under heaven other than lymph. The lymph may remain hard, or it may be converted into *pus*; as the corpuscles are more numerous in it, so is there more certainty of its conversion into *pus*.

This swelling has undergone a change; it may be broken down, and an abscess be formed. This is another of the results of inflammation. Here is a degenerative process, and the most common degeneration of lymph. This is not the only one; when effused upon the valves of the heart it may wither and become horny. In other portions, generally in the arteries, it passes into a calcareous degeneration. I have specimens of bone, apparently, taken from the diaphragm, and from the centre of the lungs.

Treatment.—The wound in this instance has been covered with a poultice.

The 3d patient has a peculiar ulceration of the sternum. I have shown so many forms of ulceration, and explained its nature so often, that it is not necessary now to speak of its nature in general. This particular form may not be uninteresting.

I have said that the term *ulcer* is applied to a healthy granulating surface. The appellations healthy or unhealthy, indolent or fungous are descriptive of the character of the granulations. In some cases ulcers involve the periosteum, and if we were to make another term, we would call it a periosteal ulcer; but terms are useful only so far as they convey ideas.

This form is slow to heal, and often obstinately refuses to heal; as it goes on, the bone becomes involved, and I have no doubt that the disease is often looked upon as caries, when the bone has become only secondarily involved. When cicatrization takes place, the skin will be consolidated with the periosteum.

Treatment.—Caustics and compression are absolutely necessary.

The 4th case presents great swelling and convexity of the tibia, anteriorly, with extensive ulceration.

This swelling, however, is not the result of the ulceration. He has had fracture of the leg, leaving great irregularity of the bone; and three weeks ago he scraped the skin over the tibia: this was followed by ulceration—the ordinary result of such an injury.

When ulceration occurs over a superficial bone, as in the sternum just exhibited, or in the tibia; when the health is not good, or the tissues involved are poor, the ejection and absorption—the ulceration in other words—goes on to such an extent that the periosteum becomes diseased, and is very slow in getting well. The cicatrix will be firmly consolidated with the bone beneath.

We here see a local symptom of inflammation—deep redness. It is of a purplish tint, denoting passive congestion. There is an enlargement of blood vessels which were small originally. This appearance is apt to exhibit itself with old ulcers in defective tissues.

You can observe perspiration of the foot—a transudation caused by the obstruction of superficial vessels. This shows a certain state of nutrition and of the tissues. It is *perverted nutrition*; either an irregular supply of blood, or bad quality of the blood, a defective type of the tissues where it is deposited, or an imperfect state of the nervous force.

The Fifth Case is that of a negro with syphilitic periostitis. We have here no redness, but swelling and pain. Pain is a common expression of inflammation, and often exists alone as a sign of inflammation, as in the nerves; here we cannot see either redness or swelling.

In this case of external periostitis, the swelling and pain are dependent on an exudation: if this is taken early, complete absorption may be produced. It may be disposed of in three ways—absorption, permanent deposit as bone, or suppuration.* If acute periostitis, it may be absorbed; if constitutional, it may be deposited in a permanent form as a node; if traumatic, it may suppurate.

Now for his history: he has had chancres and hubo, and has taken a great deal of mercury. This fact shows that mercury does not prevent tertiary symptoms.

Lymph is apt to assume the type of its position; it has here become bone; but it never is converted into muscle or compound tissues.

Treatment.—We will give him no mercury. He will be benefited more essentially by iodide of potassium, an eliminative and not depressing remedy.

He has been treated by this medicine, and the eruption you see on his face, following its use, is acne.

He has warm baths and a good diet.

Stumps.—Several patients were exhibited to show the changes which go on in stumps:

The First Case presents "a stump of the finger. Changes have taken place in the end of the bone: it is rounded off and covered with periosteum, cellular tissue and skin.

Case Second was the lad injured by the rail car. (See REPORTER for May 7th.) For reasons given at the time of the operation, it was thought best to amputate only the first metatarsal bone with its phalanges.

The internal cuneiform bone is entirely rounded off, and the wound has nearly healed.

This case shows that nature is competent to do a great deal in young persons; and it is the height of medical science to know when she is competent and when she is not; and only to interfere when she is not.

He is about to be discharged.

Case Third.—Stump of arm. The operation was performed fifteen weeks ago. There has been exfoliation of the end of the bone, and the case has progressed slowly.

The saw tears the structures of the bone, breaks down the Haversian canals and the internal periosteum. In some instances a ring exfoliates—merely the corner of the outer edge; here a large piece has been detached from the end: its jagged serrations make it a difficult matter to extract it without tearing up the flaps to a considerable degree.

The exfoliation of bone after amputation, depends a great deal on the mode of treating the stump: the indiscriminate use of cold water is calculated to increase the number of stumps in which exfoliation occurs. Cold water dressings depress the vitality of the parts, and are not to be used in the after treatment of amputations. In warm weather, and in vigorous constitutions, they may do well, but there is no particular advantage in them.

Case Fourth—Stump of thigh. This was a serious injury of the leg in a coal mine. The necessity for immediate amputation was obvious; but it was refused by the patient; and he was subsequently in a precarious condition. It became a matter of doubt whether the operation could be performed.

In performing secondary amputation it is a serious and responsible matter to determine the time when it shall be done—whether to-day or two days hence. The decision is to be influenced by the

state of the health, by constitutional excitement or depression, by the pulse, mental condition, state of the stomach, etc.

Where the integuments are infiltrated, as they were in this case, they will be suppurating in twelve hours. In such a state it takes very little while for the lymph to degenerate into pus.

Yeast poultices were applied, and every tonic and supportive food that the stomach could bear, was administered. The lymph became of a better kind, and the process of reparation commenced—the lymph-cells became tissue-cells.

Those who saw this stump, with its broad and open suppurating flaps, would hardly recognize it in its present contracted, cicatrizing condition.

Case Fifth.—The patient from whose back a benign tumor was removed twelve days ago, walked into the amphitheatre. A large portion had united; the rest is filling up by granulation.

Silver sutures were used; and broad strips of plaster, instead of a bandage, encompassing the chest.

Operation, Amputation of Last Phalanx of Thumb. This had been bitten by a squirrel, and ended in abscess and necrosis involving the joint: the distal phalanx had been already removed.

A flap was made from the palmar portion by sliding off the dorsal half. The degenerated synovial membrane was removed from the joint, and the edges were ordered to be kept wet for a while, without being brought together.

Reviews and Book Notices.

TRANSACTIONS OF MEDICAL SOCIETIES.

(Continued from p. 345.)

In our last we were noticing the volume of transactions of the Medical Society of the State of New York. The next paper in regular order is on *Partial Dislocations—Consecutive and Muscular Affections of the Shoulder Joints*, by Alfred Mercer, M. D. Dr. Mercer shows in this paper the difficulties that the surgeon has often to contend with in dislocations, as they are sometimes caused by paralysis of some of the antagonizing muscles, which, by their combined action, maintain the head of the bone in place. He believes that a partial dislocation of a ball and socket joint—the muscles retaining their normal action—is an impossibility. The practical lesson deducible from this is, that a surgeon may have an action brought against him for malpractice, when, on

account of paralysis of a portion of the muscles whose combined action maintains the bone in place, it was impossible, after its reduction had been accomplished, to prevent a re-dislocation of the bone. Dr. Mercer's propositions are well sustained by cases and by authorities.

Dr. C. E. Isaacs, of New York, reports an operation for the removal of a tumor from the upper and posterior surface of the cranium with a fatal result, the *post-mortem* revealing the fact that there was an encephaloid tumor of a large size (being full two inches in diameter) within the cranium, completely obliterating the great longitudinal sinus for three inches and a half in extent. The symptoms which this extensive disease of the brain gave rise to, were loss of vision in one eye, and impairment of that of the other, with chronic headaches of gradually increasing intensity.

Dr. Seth Shove, of Westchester county, reports two cases of operation for congenital fissure of the soft palate, which were creditably performed.

Dr. John Ball, of Brooklyn, reports a case of *hydrops sacci lachrymalis*, successfully operated on by him.

Dr. Edward H. Parker, of Poughkeepsie, furnishes an elaborate and well prepared paper on the treatment of varicose ulcers. The treatment proposed by Dr. Parker is the application of strips of adhesive plaster, *not* after Baynton's method, but after a method which he calls Critchett's, recommended by that gentleman in a course of lectures published in the *London Lancet* in 1848, (American reprint, Jan. and Feb. 1849.) By this method the whole limb, from the toes up to a point above the ulcer, or as high as the veins are enlarged, is smoothly and uniformly enclosed with strips of adhesive plaster from one to two inches in width. These strips should overlap each other about one-third of their width, and the ends should cross in front. There should be no chinks left uncovered by the plaster, and the ulcer or ulcers should be covered like all the rest. To apply these strips smoothly and uniformly is a pretty nice operation, and everything, moreover, depends upon it. After the plasters are put on, a bandage should be applied closely over them, from the toes to the knee, and the patient is sent about his ordinary occupations, even if they require him to stand all day. The dressing, in most cases, will have to be renewed in three or four days. We regret that our space will not allow us to give at length the directions for applying the plaster. We repeat, it is a nice operation,

and everything depends on the neatness of the application. Dr. Parker gives several cases in which he employed this mode of dressing successfully.

The next paper is an essay on *Scarlet Fever* by Dr. Henry A. Carrington, of Hyde Park, to whom was awarded a prize offered by the Society for the best essay on the subject. The essay, though it contains little, if anything, that is really new, is well written and methodically arranged, evincing on the part of the writer familiarity with the literature of his subject, and a practical knowledge of the disease. The treatment recommended by Dr. Carrington seems to be judicious and rational, much more so than is often met with in articles on this subject.

Dr. Alden March, of Albany, furnishes a paper, entitled *Ectopia Cordis, or Displacement of the Heart*. In recording a case that came under his observation in 1845, he takes occasion to give a synopsis of several other cases that have been published from time to time. He gives a minute description, accompanied by drawings, of the case that came under his own observation, though he had no opportunity of studying it until after the heart had ceased to beat. This paper was suggested by the case of M. Groux, with which many of our readers are probably familiar.

Next follows a paper on *Typhoid Pneumonia*, by Dr. John D. Watkins, of Sullivan county, and a *Sanitary Report* of Brookfield, Madison county, by Dr. A. L. Saunders, but neither time or space will allow an examination of them. Dr. J. V. P. Quackenbush, of Albany, and Dr. Daniel P. Bissell, of Utica, each furnishes a paper on *Inversion of the Uterus*. Dr. George Cooke, Superintendent of the Asylum for the Insane, at Canandaigua, furnishes a history and account of that institution. Dr. Sylvester D. Willard, of Albany, presents a paper on *Diphtherie*, as it prevailed in that city, and Dr. Howard Townsend gives a report on the use of the *Hypophosphites* in the treatment of tuberculosis. His experience and observation are not favorable to the pretensions of Dr. Churchill, who first proposed them. A case of *Facial Paralysis* is reported by Dr. Charles G. Bacon, of Oswego, with the treatment. Dr. Griffin Sweet, of Herkimer county, has a paper on *The Influence of Vegetation upon Animal Life and Health*. Dr. William C. Rogers, of Green Island, furnishes a paper on the *Registration of Diseases*, to which we propose to refer more at length on another occasion.

The remaining papers in this most interesting volume, and which we very much regret that we can only mention by title, are, a *Case of Rupture of a cul de sac of the Transverse Colon*, by Dr. Horace K. Willard, of Berne; a report of more than ordinary interest on the *Diseases of Saratoga county*, by Dr. James Lee, of Mechanicsville; one on the *Mortality of Brooklyn*, by Dr. Charles S. Goodrich; and one on *Vaccination*, by a committee, of which Dr. Wm. Taylor was chairman. Then follow one or two other reports, and the volume is closed by giving a synopsis of the unpublished Transactions of the Society, from 1807 to 1831, inclusive. This synopsis contains a great deal of very interesting and instructive matter, and it was well for the Society to embody it in their bound Transactions. Other State Medical Societies would do well to do the same thing.

In the above imperfect notice of the Transactions of the New York State Medical Society, we have given enough to show that it is a working Society, and that the results of its labors are creditable to the profession of the State, and beneficial to their brethren at large.

2. *Transactions of the Medical Society of New Jersey*, at its 93d annual meeting, held in the city of Trenton, on the 25th and 26th of January, 1859, pp. 95.*

We are very glad to see these Transactions published in pamphlet form. Until this year, since 1847, this journal was the vehicle through which the Medical Society of New Jersey published its transactions. The minutes of this meeting may be found in full in the REPORTER of Feb. 19th, p. 369.

The address of the President, Dr. I. P. Coleman, of Pemberton, on Medical Progress, is an able and interesting production, cursorily reviewing the progress which has been made in the different departments of medical science, and in the organization of the profession into societies, for the purpose of advancing the interests of the science.

We are very sorry to see that the reporters of nearly all the district societies failed to do their duty in respect to reports on the sanitary condition of the State—there being but two such reports, one from the Sussex, and the other from the Essex District Societies. These are very interesting, and that from Essex, which was drawn up by Dr. Lehlbach of New-

* We give the title page here as it ought to read, rather than as it stands.—EDS.

ark, is a very able report. This report contains several papers of more than ordinary interest. Interesting surgical cases are reported by Drs. G. Grant, A. N. Dougherty, and M. Baldwin, of Newark; and Drs. Cross, Dodd, E. A. Osborne, Lehlbach, S. Wickes, and M. Baldwin, report cases in medical practice. Dr. B. L. Dodd makes a valuable contribution in the shape of an *obstetrical report* of one hundred cases, under the following heads:—No. of case; Nativity (of mother?); No. of Pregnancy; Age; Presentation; Position and Variety; Hours in Attendance; Sex of Child; Length of Cord; Delivery of Placenta; Remarks; Result. The average length of the umbilical cord in 73 cases, was 23.859 inches. Of the 99 cases, 94 were vertex presentations. There was one face presentation, one case of twins, and two cases of placenta prævia. Dr. Wickes furnishes an interesting paper on the *Medical Topography* of the town of Orange, accompanied with a map. The *Vital Statistics of Newark*, by Drs. Woodhull, Grant and Lehlbach, form a very valuable part of this able report.

We close this notice by copying the following case of

Necrosis of the Upper and Lower Jaw, and Operation,
by G. Grant, M. D., (with Lithographs.)

"Mrs. B., of this city, æt. 26, of good constitution, excellent health and physique, about the first of September, 1853, was attacked with intermittent fever, which usually prevails during the most of the year in that part of the city in which she resided. The history of the disease, in her case, did not differ from that of the ordinary course of the simpler varieties of periodical fever. Her medical attendant, during the course of the disease, administered a few grains of calomel, when in a very short time inflammation of the mucous membrane of the mouth occurred, which, extending through the subjacent tissues to the periosteum of the upper and lower jaw, resulted in necrosis of nearly the whole of these two bones, with consequent fetid discharges, fistulous abscesses, etc. etc., followed after a time by a general cachectic condition of the system. This condition continued after the paroxysms of the fever had disappeared, and during the convalescence—a period of several months. In the early part of 1854 I was consulted by her, and on examination found that the disease involved nearly the whole of the upper jaw of the right side, with a considerable portion of the left side, together with a part of the lower

jaw. The state of the patient at this time was indeed distressing; a foul sanious discharge impregnated her food as it was received into the mouth, and emitted an almost intolerable fetor. I advised the removal of the entire diseased portion of bone, to which, after several months' delay, she consented. A wash of dilute muriatic acid, in the course of a few days, entirely removed the offensive odor.

On the 12th August, assisted by Dr. M. Baldwin, I removed that portion of the upper jaw which was diseased. The incisions were made within the mouth, on either side of the bone, and carried up, until the characteristic feeling of resistance indicated the presence of hard living bone. The diseased portion was then pried off and removed. About a week subsequently I removed the diseased portion of the lower jaw, assisted by the same gentleman. The operation was performed in the same manner. Such was its extent, that upon detaching the bone it became necessary to saw it across in order to remove it from the mouth. There was little or no hemorrhage during or subsequent to either operation; and no anæsthetic agent was used to produce insensibility. The patient speedily rallied from the nervous shock, and in a few weeks had almost entirely regained her usual vigor and health.

This case I have thought was interesting, not only from the extent of the necrosis involving such an amount of the bony structure of the face, but from the circumstance that it had its origin during an attack of intermittent fever.

Calomel given at any time, it is well known, is a poison to patients of a certain idiosyncrasy, but such idiosyncrasy could not be said to exist in my patient, inasmuch as both before and subsequent to the operation she had been under the influence of this agent (administered by different practitioners) without any injurious results. It was during the fever, and by a very few grains of the mineral, that its evil effect was manifested.

I think, therefore, it is a proper subject of inquiry, whether in intermittent fever there is not some contamination or dyscrasy of the blood, caused by the miasm, which, by predisposing the system to succumb more readily to the injurious action of certain remedies like calomel, favors the development of destructive inflammation in those tissues more especially which are the least highly organized, such as bones, for example. This depraved state of the system, induced by the malarious poison, is very evident in residents of the tropics,

where the intensity of the fever gives to all its symptoms a more marked character. From observations made during nearly a year's residence at Panama, I found this constantly and uniformly to be the fact. The fever is designated as *Calentura*, and differs from the intermittent fever of more temperate latitudes only in the greater intensity of all the symptoms, and the extraordinary anæmia attendant upon it. The blood seems to lose nearly all its coloring matter; the gums, lips and skin become dusky, dingy and pale. It is no unusual thing to find a single paroxysm followed by extreme debility, and even a typhoid condition.

Stanley, in his Treatise on Diseases of the Bones, p. 77, says: "I have seen' an instance of necrosis in nearly the whole body of the lower jaw, in case of fever, in which only a few grains of calomel had been administered; yet it was followed by excessive salivation and severe inflammation in the gums and cheeks."

Should the views here expressed be well-founded, their bearing on practice is obvious, suggesting the propriety of more than ordinary caution in the use of mercurials in malarious fevers.

Editorial.

THE BANE OF MEDICAL JOURNALISM.

We have recently had occasion to announce the discontinuance of several medical journals. At least thirteen have ceased to exist within the past two years, and we believe that during our editorial career there has been no time when there have been so few journals in this country devoted to the interests of medicine, as now.

Medical journals are truly, as a valued cotemporary remarks, a short-lived race, in this country. Our readers can better judge how short, when we say that an editorial career of only nine years finds us the second oldest medical editor in the United States, our senior being Dr. Isaac Hays, the veteran editor of the *American Journal of the Medical Sciences*. Of course these frequent changes in the manage-

ment of our medical journals, particularly in view of their cause, are greatly to the disadvantage of our medical periodical literature, and consequently of the profession at large, who should ever find it a reliable guide in the march of improvement.

There are two sources from whence medical journals must derive support, and without which their existence will be but ephemeral, viz: original contributions of merit, and a *paid* subscription list sufficiently large to meet expenses, and yield something to pay the proprietors for their time and labor, and allow of some expenditure toward improving the journal by encouraging original research, and adding in other ways to its attractions. These two propositions, may, however, be reduced to the single one of an efficient pecuniary support, for money will command good material, and that will ensure subscribers. But again, to ensure permanence to the enterprise the money must come *from the subscribers*, for no school, publishing house or private individual, will be willing for any length of time to bear the expenses of keeping up a medical journal.

And this brings us to the point at which these remarks are aimed, viz. the *terms* on which our periodicals should be published. They all acknowledge the only principle on which they *can* be sustained, by announcing in their prospectuses that payment is required in advance; but unfortunately, in their anxiety to obtain "patrons" they fail to adhere to their terms, and in consequence, soon find that they are not meeting expenses, while on their books is a fearful array of unsettled accounts, which the sequel shews, are good for nothing. Having suffered heavily in this way while publishing the *REPORTER* in the Monthly form, we resolved, when we changed it to a Weekly, to make advance payments a *sine qua non* in conducting our enterprise, and we can assure our cotemporaries that we have found the plan to work admirably. We could increase our subscription list to an almost indefinite extent if we chose to depart from our terms, but believing that in the end the principle we have adopted will be better for both ourselves, our subscribers, and the profession at large, we

¹ Museum of St. Bartholomew's Hospital, 1st Series, No. 102.

are determined to carry it out to the letter, and refuse our journal to those who do not see fit to comply with our terms. Our experience leads us to advise *all* our contemporaries to adopt the same course.

The above remarks have been suggested by an editorial announcement of the thirteenth volume of the *Virginia Medical Journal*, in its July number. This we have looked upon, ever since its commencement, as one of the best medical journals in our country, and the "*Help me, Cassius, or I sink*" tone of the editorial remarks alluded to, pained us exceedingly. Will not the profession of Virginia, and of the whole South, rally to the support of this sterling journal, first, by settling off their old scores; and secondly, by increasing its circulation. How its "patrons" have treated it may be gathered from the following statement:

"The gross income of the Virginia Medical Journal has been six thousand dollars a year, nearly, for the past two years, and its cost of publication about twenty-five hundred dollars a year. With this apparently wide margin for profit, we have to tell our friends that the delinquent list, for two years only, amounts to *five thousand eight hundred and fifty dollars*,"—that is, so much money more than thrown away, as far as the interests of the editors and proprietors of the work, and the permanent interests of the profession are concerned! The true policy is to make our journals *worthy of support*, and *insist on advance payment*. Nothing short of that will make our medical periodical literature a credit to our country, profitable to our readers, and a source of income to its proprietors.

Through the politeness of the publisher, Mr. John Wiley, of New York, we place before our readers this week, a chapter of the translation of Von Dueben's work on Microscopy, by Dr. Louis Bauer, of Brooklyn. This work, which will soon be issued, promises to be a most useful and desirable addition to our medical literature, as a practical text-book of Microscopical Diagnosis.

LITHOTOMY PER RECTUM.

This operation, a unique one, we believe, in this country, and which has been out of vogue for some years in Europe, was performed in Brooklyn on Monday, the 18th inst., by our friend and collaborator, Dr. Louis Bauer, of that city, in the presence of a number of surgeons. A calculus two inches in length, was extracted, and the incision closed by the silver suture—Dr. Sims performing this part of the operation.

A medical friend of this city, who saw the patient after the operation, informs us that no urine escaped by the wound at any time after its closure, notwithstanding the fact that by the misplacement of the catheter, urine accumulated in the bladder at one time to the amount of nine ounces. On Wednesday there were no blood or pus corpuscles in the urine, and on Thursday, urine was passed naturally for the first time, with four natural evacuations of the bladder on Friday.

The operation has, we are told, caused great excitement among the profession of New York, not among the least interested in its success being the venerable Dr. Valentine Mott. We learn, moreover, that some of the wiseacres of Bellevue Hospital have declared against it, *on the ground that Dr. Sims cannot always be present to apply the silver suture!* A detailed account of the operation is being prepared for publication in our pages.

THE NEW YORK MEDICAL GAZETTE.

This journal, which, "like a wounded snake, drags its weary length along," favors us with a "first rate notice" occasionally—that is to say, about once a month. Its last number containing rather more misrepresentations and misstatements respecting us than usual, we deem it worth while to notice one or two of them briefly. Our views in respect woman doctors, and the action of the Pennsylvania State Medical Society in regard to them, were stated so plainly and frankly, that there was no excuse for misrepresenting them, and we believe, as we stated, that they are in accordance with those of a large majority of the profes-

sion, *including* our friend, Dr. Jewell, who was *not*, therefore, the author of the article published in our pages in opposition to the views we had given expression to, which the *Gazette*, without the shadow of a reason, attributes to him. That article was written by a gentleman for whose opinions we have the greatest respect, even though we happen to differ with him on this question, and for whom the *Gazette* professes to entertain a high regard.

The fact is, the *Gazette* has got so into the habit of speaking detractingly of certain honorable members of the profession, that it often makes them responsible for opinions and practices, without the slightest ground for doing so. If its editor would devote but a small portion of the time he spends in misrepresenting the REPORTER, and in abusing Drs. Griscom, of New York, Jewell, of this city, and others, who are ornaments to their profession, to editing his journal, and procuring original communications for its pages, his few readers would be the gainers by it, and he himself would find it to "pay" in the long run.

Correspondence.

We are favored with the following extract from a letter from our countryman, Dr. E. D. Fenner, of New Orleans, to a professional friend in New York, having reference to a subject of much interest to American surgeons. It was of course not intended for publication, which is only permitted upon earnest solicitation:

MELROSE, SCOTLAND, *July 4th*, 1859.

MY DEAR ****.—You will doubtless be somewhat surprised at getting a letter written in sight of the celebrated old Melrose Abbey, and within three miles of Abbotsford, where once resided the "Great Wizard of the North."

But I heard something in Edinburgh this morning which afforded me so much pleasure that I cannot refrain from transmitting it while it is fresh in my memory.

I went to the Royal Infirmary to see the great surgeon, Mr. Syme, and the great obstetrician, Dr. Simpson, it being their clinical and operating day. A child with simple hare-lip was brought in to Mr. Syme. There were present some seventy-five or eighty spectators, nearly all medical students.

Mr. S. explained the nature of the case, what was necessary to be done, and the different methods of operating that were formerly pursued. He then took occasion to say that he was indebted to an American surgeon, Dr. Sims, for an improvement which had led to the *perfection* of this operation, as well as another, which in former days almost completely baffled the skill of the surgeon, but now seldom failed of success. He alluded to the operation for *vesico-vaginal fistula*.

The improvement was the introduction of the *silver suture*.

He said that another American surgeon, Dr. Bozeman, was over here last year, and claimed to have made a great improvement on Dr. Sims' operation, and was certainly very successful, but he (Syme) could not see that there was any improvement on Dr. Sims'. He said the whole merit consisted in the introduction of the *silver suture* and it was vain to attempt to deprive Dr. Sims of this honor. He said that another had attempted to show that there was nothing *novel* in the silver suture, but this proceeded from that captious and envious spirit unfortunately too often displayed in the introduction of every great improvement.

He went on to say that Europe was indebted to America for two of the greatest improvements in modern surgery—*anæsthetic agents* and the *silver suture*. Both were used on the case before him, and the operation was very neatly performed.

There were some five or six Americans in the room, and I assure you we felt quite proud of the compliment.

I understand Mr. Syme was at first rather prejudiced against the silver suture, and slow to adopt it, but you see he has the magnanimity to do the clever thing at present.

If I had time I could write you a great deal about physicians and surgeons over here, but I must refer you to my more elaborate letters that will appear from time to time in our [*New Orleans*] *Med. News and Hospital Gazette*.

After leaving Mr. Syme, I went to Dr. Simpson's lecture on ovarian dropsy. He is a fine looking man, and a fluent lecturer. After that I took the car for Melrose and Abbotsford, and here I am for the night and morning, but to-morrow night I shall sleep at old Stirling Castle, and thence to the lakes and highlands, whose romantic charms have been so admirably portrayed by Sir Walter Scott. I have mused at the graves of Shakspeare and Byron, Dryden, Milton, Pope, and Campbell,

and to-morrow I shall visit the grave and the late residence of the immortal Scott. From Scotland I shall go through Ireland back to London, thence to Paris, and thence—the Lord knows where. In all the large cities I make it a point to visit the medical institutions, and see as many of the great doctors and surgeons as I can. I thus try to combine improvement with pleasure. I expect to start back home on the 1st of October, intending to spend a day or two in New York and Philadelphia for the purpose of seeing the medical colleges in operation; and now, wishing you health and success, I remain, very truly, your friend,

E. D. FENNER.

[We are glad to have the opportunity of showing to our countrymen such distinguished foreign appreciation of one of the greatest modern additions to the armament of the surgeon, and to let them see that the credit is properly bestowed abroad, which at home some have been reluctant to yield.

It is not doubted, we believe, that various kinds of metallic sutures have been long ago employed, but it is very certain that their utility was not understood, and their general applicability was certainly not appreciated. To Dr. Sims alone must be awarded the credit of really setting forth to the world their value, and of illustrating it by an extensive application and extraordinary success in the treatment of conditions which had hitherto been almost abandoned as hopeless.

The true value of the metallic suture has been concealed by its frequent and useless complication with various ingenious devices in the shape of clamps, buttons, splints, etc., but those who have most used it, including the eminent gentlemen alluded to by Dr. Fenner, now rely on the naked suture alone, and with increased success.

The simple wire suture we believe to have been the element of success in the cases in which its merits have been masked by so many useless accompaniments.—EDS.]

The Castleton Medical College, of Vermont, has conferred the Hon. Degree of M. D. on Dr. S. N. Marsh, a "Radical Cure" Truss maker of New York. Is this an evidence of medical progress in our schools—or, have we been mistaken in classing Dr. M. with quacks, notwithstanding that he advertises extensively in some of the New York medical journals?

Periscope.

FOREIGN.

Medical Service on the Battle Field.—We (*Med. Times and Gazette*) make a few extracts from some interesting letters from the pen of M. Armand, attached to the ambulance of the 4th corps, now publishing in the *Gazette Médicale*:

The battle fought on the Ticino was hotly contested on both sides, and attended with great losses. Everything in our department was organized for acting *cito, citissime*, conformably to the urgency of the circumstances and the injunctions of Inspector Baron Larrey: "Proceed direct to the bridge, dress the wounded as rapidly as possible, so as to put them in a condition to be evacuated on the hospitals, and do not lose time in great operations, which may be deferred." Most of the injuries of the head only required simple dressings, for the reason that those which penetrated were usually fatal on the spot. Those of the face were accompanied by the most frightful injury, without affecting the intellectual faculties; the patients, indeed, coming themselves to have their wounds dressed. Wounds of the neck were also usually immediately fatal or comparatively slight. One of the prisoners had received a wound in the mouth with a sabre bayonet, which glanced off at the side of the jaw and came out at the lateral and upper part of the neck. There was hardly any loss of blood, and a simple suture at the commissure of the lips and a bandage were all that were required. Injuries of the upper extremities almost always, whatever their amount, allowed of the wounded repairing soon to the ambulances. Penetrating wounds of the chest and abdomen, usually so fatal, allowed in several instances their victims to survive for some time, usually to die, however, on their road to or soon after their arrival at the hospital. In some cases, however, vigorous reparative power of the economy, and a free use of antiphlogistic means, enabled recovery to take place. Injuries of the lower extremities were numerous, and the fractures were often comminuted. The rule was here, as in other cases, to extract accessible foreign bodies, arrest hemorrhage, and so to put up the part as to enable the patient to be carried to the hospital, where the question of amputation would have to be decided. The military surgeon is thus compelled to resort to much

temporizing surgery; and, for our part, we scarce know the case calling for immediate amputation on the field, except when some large projectile has carried away a limb with irremediable laceration. In such a case, even, the amputation need be immediate only when there is, which is rarely the case, dangerous hemorrhage; for in this case it is preferable to amputate, and tie the vessels regularly, than to apply a temporary ligature to the wounded vessel. When the amount of general stupor is such as to lead to the fear of fatal syncope during the operation, a provisional dressing only should be applied. As we too often saw in the Crimea, whatever we do under these circumstances, if the part injured be the leg, and still more the thigh, we shall rarely save life.

The armies now engaged both use the new fire-arms, the balls of which deviate far less after striking an object than the old spherical balls. We must, therefore, expect a larger proportion of comminuted fractures. Hollow and explosive projectiles being also proportionally more employed, the artillery fighting has become more murderous. Altogether we have, therefore, to expect a greater proportion of fatal cases among the wounded than heretofore.

After we had disencumbered our ambulances we carefully explored the field of battle, both to remove any wounded that still might have been left, and to direct the interments. There were but a few French still wanting succor, but a great number of wounded Austrians had been abandoned. The proof of the precipitancy of the retreat, or rather flight of the enemy, was the large number of wounded officers they left behind without any provision for their treatment.

While traversing the battle-field of Magenta, the saying which had formerly been current with respect to Russian soldiers, that they must not only be killed but thrown down, was brought to mind. A great number of the killed, in fact, retained in part the attitude they were in on receiving their death blow. Those who had died from injuries of the head usually fell with their face to the ground, and with complete resolution of the limbs. In those wounded in the heart, death, though rapid, is not so instantaneous that some attitude cannot be taken. A Zouave so struck had fallen on his musket, which he held in the position of a bayonet charge, his energetic face projected forwards with the menacing attitude of a dead lion. Not far off, as a contrast, lay

an Austrian who had died of hemorrhage, and in his agony he had taken the attitude of supplicating heaven, his face turned upwards, and his two hands joined with fingers firmly interlaced. A Hungarian huzzar, killed at the same time as his horse, both being shot through the head, remained in his saddle, carrying the sabre forwards as during a charge. Some of the Austrian officers found among the slain, exhibited a distinguished physiognomy, and were dressed with exquisite, almost affected neatness and cleanliness, their features, very different from those of most of their soldiers, seeming to exhibit courage with resignation. Such were some of the impressions made upon us while traversing the field of battle, giving rise to painful emotions, little calculated to dissipate those produced by still more dreadful scenes within the ambulances, the receptacles of suffering of every kind. Physical fatigue is great indeed, but so also is the moral exhaustion of the surgeon, and great is the error of those who think his heart is hard, and that his impassibility is the result of indifference.

In our ambulances, calmness and resignation distinguished the wounded. To their honor, be it said, the soldiers with severe and often fatal wounds, restrained their complaints, and patiently awaited their turns. Groans and murmurs were rarely heard. The stoicism of courage, proud in its wounds, was the general rule. The railway to Milan, which the enemy had not had time to destroy, was of immense service in transporting the wounded to the hospitals of that city. (*To be continued.*)

AMERICAN.

Vaccination has now been tested by the experience of three-score years. The best informed and unprejudiced judges state the result as follows: "It affords complete protection to a very large majority of those subjected to its influence, and comparative protection and *almost complete exemption from death* by smallpox to all." In Sweden and Denmark, smallpox disappeared for twenty years under the depressive influence of compelled vaccination. Chance and the careless security engendered by an absence of the pest, led to its re-introduction, and in 1825 an epidemic occurred at Copenhagen, in which many who had been vaccinated were attacked, but only one of these died. In Geneva, Rouen, Anspach, and other large cities, where vaccination is rigidly enforced, smallpox is almost unknown. The surest test, perhaps, to which vaccination has been subjected, occurred at the terrible epi-

demic of Marseilles in 1828. The population of the city was 40,000; that is to say, 30,000 vaccinated, 8,000 unprotected, 2,000 protected by antecedent smallpox. Of the unprotected, half were attacked, and 1 in 4 died; of the vaccinated, 2,000 were attacked, and 20, or 1 in 100 died; of the variolated, 20 were attacked, and 4, or 1 in 5 died. When it is certain that vaccination has been properly performed, it gives better figures than this. Thus, in twenty years succeeding 1837, in the British army, there were 1,161,457 soldiers, many of them exposed to virulent epidemics in various climates. Less than one-fifteenth of one per cent. contracted smallpox, and that in a mild degree. In our own army, Dr. Porter says he has never heard of a case of smallpox. Thus, when vaccination fails to afford complete immunity, it still takes away the sting and peril of the variolous disease, except in rare instances.

Swinging Exercise in Pulmonary Disease.
—The *Scientific American* copies the following excellent suggestion from a communication by Dr. Long, in the *Springfield Republican*. He says:

"I recommend the suspending of the body by the hands by means of a strong rope or chain, fastened to a beam at one end and at the other to a stick three feet long, convenient to grasp with the hands. The rope should be fastened to the centre of the stick, which should hang six or eight inches above the head. Let a person grasp this stick, with the hands two or three feet apart, and swing very moderately at first, perhaps only bear the weight, if very weak, and gradually increase as the muscles gain strength from the exercise, until it may be freely used from three to five times daily. The connection of the arms with the body (with the exception of the clavicle with the sternum or breast bone) being a muscular attachment to the ribs, the effect of this exercise is to elevate the ribs and enlarge the chest; and as nature allows no vacuum, the lungs expand to fill the cavity, increasing the volume of air, the natural purifier of blood, and preventing congestion or the deposit of tuberculous matter. I have prescribed the above for all cases of hemorrhage of the lungs and threatened consumption for 35 years, and have been able to increase the measure of the chest from two to four inches within a few months, and always with good results. But especially as a preventive I would recommend this exercise."

Medical News.

In the *Atlanta Medical and Surgical Journal*, Dr. O'Keefe gives an account of his medical visit to New York. In this journey he passed through Philadelphia, and lest he might see something of its medical greatness in the way of medical institutions and medical men, which might spoil his vision for a view of New York, he cautiously shut both his eyes, and on arriving in the latter city, put on a pair of rose-tinted magnifiers. The result is a brilliant display of New York medical notoriety, and a view of Philadelphia such as he might have obtained by passing through it in a long tunnel. Yet he conceitedly offers, from these observations, a comparative view of the medical merits of the two cities. The value of this comparison may be appreciated from the fact that of the numerous hospitals in this city, Dr. O'Keefe discovered but *two*, whilst in New York he found, he says, *twenty-five*! The Pennsylvania Hospital he entirely ignores, as it was probably much too large for the field of his microscopic vision. He says that the Blockley Hospital is an *almshouse*, and makes the absurd statement that hospital wards are only accessible to pupils of the attending physicians. The only Philadelphia medical name which attracted his special attention was that of Dr. McClintock!

He gives an extraordinary account of New York and its hospitals, and his investigations seem to have extended further than those of any previous explorer.

A New Epidemic.—A correspondent in Maryland, says:

"The only professional news that our neighborhood affords at this time, is, that we have had an extraordinary epidemic of *twins*. During the last five months, within an area of three or four miles, (in the country), where usually there is not more than one pair a year, we have had *thirteen pairs*! In some instances three or four pairs in the immediate vicinity of each other. This sudden increase in our local population is as unaccountable as extraordinary. Every patient now who is brought to the bed of labor, appears as naturally to expect twins as at other seasons their coming would surprise them."

The Military Hospitals at Milan number twenty-five and contain ten thousand patients.

The Impurity of the Thames.—The report of Dr. Letheby says: "The amount of ammoniacal vapor and of fetid gases evolved from the water, has been enormous: as much as fifteen cubic inches of the latter, and a grain and a half of the former have been obtained from a gallon of the water by simply heating it; and although the fetid gases do not contain a trace of sulphuretted hydrogen, they contain a putrid organic vapor, which is in the highest degree offensive. Last year the soluble organic matter in the Thames at high tide, ranged from ten to twenty grains per gallon, and the insoluble from half a grain to six grains. This year it has been from four to ten and a half grains, and the insoluble from half a grain to six grains. The condition of the river has not, therefore, reached its maximum of impurity. It was in its worst state in the week ending on the twenty-first of May, when the soluble organic matters amounted to rather more than seven grains per gallon. From that time until the week ending on the eleventh of June, it gradually improved, and the proportion of organic matter fell to about four grains per gallon; but since then it has been steadily increasing, and last week it contained more organic matter than I have yet seen in it. I expect, therefore, that when the final conditions of putrefaction are present, the river will again put on its most offensive appearance."

The *Lancet* says that eighteen million gallons of fluid sewage flow into the Thames every day. This contains six hundred tons of deposit, or two hundred tons of solid dry material.

The *Semi-Monthly Medical News* of Louisville, gives the following specimen of New York high-pressure puffing:

SENSATION ANSWERS TO CORRESPONDENTS.

P. G., Brussels.—The irregularities have been unavoidable. Our five-fly press will now strike off thirty thousand copies a second—printing, stitching, binding, and superscribing included. You need not be apprehensive for the future.

A. S., Montebello.—Thank you for your flattering opinion. We prefer the electric knife and fly wheel saw for amputation on the battle-field.

J. S., San Francisco.—The usual period of utero gestation is nine months.

A. G., Metz.—There is but one State in the Union, one city in the State, and one

Medical College in the city. The University rooms can accommodate four thousand students.

M. R., San Antonio.—Our Journal is the only channel through which Professor Blow's inimitable lectures are allowed to flow into the world's sea. They will soon be dramatized.

R. V., Hoboken.—Cannot insert your communication. You have many journals in your own city. Select one of them.

A. F., London.—Yours, inclosing thirty dollars for ten years advance subscription, has been received and contents duly credited. Thank you for your appreciative benefaction.

T. S., Hamilton, Canada.—You are right in stating that our city stands pre-eminently predominant in medical literature, and that it is the "only city in America suited for medical teaching." There is an obscure but pretentious village in a State called, we believe, Pennsylvania, which has been aspiring to position in this respect, but its reputation is entirely local.

P. G., Surgeon-General in the Allied Army in Italy.—"Send 25 copies of your sine qua non to head-quarters. We might as well think of going to battle without ammunition as into surgical practice here without your indispensable journal." They shall be sent as desired. We are glad to find that our efforts to issue a journal worthy of this great and glorious country are appreciated in such exalted quarters. Aut Cæsar aut nullus is our motto.

E. S., Panatomohæ, Miss.—Copies have been forwarded to your several students. They have determined wisely. The obstetric clinic alone offers one case every three minutes, and the sole charge of it has hitherto devolved on the erudite professor who conducts it. Such labor requires superhuman effort, and were it not that a Supreme Being for wise and beneficent purposes has sustained his giant physical and intellectual power, he would have long since fallen a victim to his love for the profession and devotion to medical students.

—, *Pawneeton, Iowa.*—Please write more legibly. We cannot decipher your initials, and will not, therefore, venture to insert what we suppose them to be. Some have already complained that none such as we have given are to be found in the places named, and some even assert that there are not such places in the State as we acknowledge receipts from. These complaints could not occur if our correspondents would write plainly.

Five dollars per number will be cheerfully

paid for any copies of our journal issued in 1857. The demand for them from new subscribers renders this offer imperative.

Foreign Honors.—Dr. S. D. Gross has received a diploma honoring him with the title of CORRESPONDING MEMBER OF THE IMPERIAL ACADEMY OF MEDICINE OF VIENNA.

Dr. Wilson Jewell has been appointed CORRESPONDING MEMBER OF THE IMPERIAL GEOLOGICAL STATE INSTITUTION OF VIENNA.

Another Floating Hospital.—The barge Pilgrim, which is now used in conveying patients to Ward's and Blackwell's islands, at New York, is about to be converted into a floating hospital. A deck is to be added, and the interior arranged for the reception of patients, the character of whose diseases is not fully determined. The board hospitals which were erected on Staten Island, after the fire, last season, are being demolished, and the repairs to the barge will be made with lumber taken from them.

The corner stone of the new Western Pennsylvania Insane Asylum, was laid on the Backhouse farm, near Pittsburgh, on the 19th inst. This institution is pleasantly located on the Ohio, on the line of the Pittsburgh, Fort Wayne and Chicago Railway.

In an appeal to the public for funds for the new Inebriate Asylum, at Binghampton, N. Y., the Directors say that they had at the time their appeal was drawn up received applications from—if our memory serves us rightly—nearly 3,000 persons, most of them from the upper walks of life, who desired to become inmates of the institution. Among these were nearly four hundred women, over forty lawyers, thirty-six physicians, and nearly thirty clergymen! A sad comment, indeed, on the prevailing customs in respect to the vending of intoxicating drinks! At this rate how many inebriate asylums will be requisite to supply all sections of our country while intoxicating drinks can be procured at thousands and tens of thousands of places throughout the land?

Harper's Weekly makes a display of "Uterine Catholicon" advertisements. Is this an evidence of its being a *Journal of Civilization*? It should tell its readers that the best uterine catholicon is *exercise and fresh air*.

The American Association for the Advancement of Science will hold its next meeting at Springfield, Mass., on the third of next month.

The American Dental Convention will hold its fifth annual session at Niagara Falls, commencing on Tuesday, the second day of August.

The Late Baron Humboldt became a pupil of Mr. Rarey, the American horse-tamer, and received instruction with a class formed for the purpose at Berlin.

A Death from Chloroform.—The *New York Medical Press* says that a death from inhalation of half an ounce of chloroform has occurred at the Bellevue Hospital.

At a meeting of the Board of Guardians of the Poor of this city, held on the 27th inst., the office of Chief Resident Physician at the Philadelphia Hospital was abolished. A board of twelve visiting physicians is to be appointed who are to serve without pay. It is probable that a Superintendent will be appointed to the charge of the lunatic department of the hospital.

Correction.—The types made us say last week, that Dr. John Bell, of this city, had been appointed to the *Charity Hospital*. It should have read *City Hospital*.

 Owing to accumulation of material, we have been compelled to add several pages extra to this number. We have still left on hand several original communications, besides other matter in type which was prepared for this week's issue.

TO CORRESPONDENTS.—Dr. P., *Hickory Grove, Miss.* Mr. Kolbe, surgical instrument maker of this city, will communicate with you in regard to a spinal apparatus, which seems to be indicated in the case you mention.

Dr. F., *Darlington, Md.* We have a complete set of the Charleston Medical Journal, but like it too well to part with it. You can get the 5th, 7th, 8th, and 9th Vols. of the Transactions of the American Medical Association collectively for \$5. Other volumes can be obtained by permanent members for \$2 each, except the fourth which is out of print, and the last published, which is always \$3. The best way to get the fourth vol. would be to give the publishers, Blanchard & Lea, a standing order, for any copy they may accidentally procure.

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

This Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). The REPORTER is ONE of the CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 in advance; single copies, ten cents. The REPORTER will only be sent to those who pay for it. Notice will be given to subscribers at the termination of their subscriptions. Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D., }
R. J. LEVIE, M. D., } Editors.

Single copies can be obtained and subscriptions made at Lindsay & Blackiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1859-60.

FACULTY.

B. HOWARD RAND, M. D.,	Professor of Chemistry.
HENRY HARTSHORNE, M. D.,	Practice of Medicine.
LEWIS D. HARLOW, M. D.,	Obstetrics, &c.
WILLIAM S. HALSLEY, M. D.,	Surgery.
WM. HEMBEL TAGGART, M. D.,	Materia Medica.
JAMES AITKEN MEIGS, M. D.,	Institutes of Medicine.
WM. H. GORRECHT, M. D.,	Anatomy.

THEODORE A. DENME, M. D., Demonstrator of Anatomy.

The Session of 1859-60 will commence on Monday, 10th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing a little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the 1st of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in the city.

FEEES.

Matriculation (paid once only)	\$ 5 00
For each Professor's ticket	15 00
Graduation	30 00

LEWIS D. HARLOW, M. D., Dean,
No. 1023 Vine, below 11th Street.

J. M. MIGEOD,

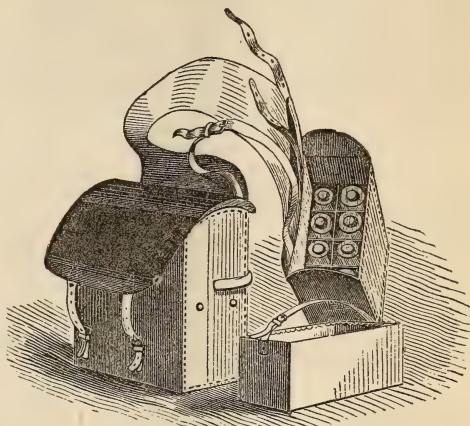
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " and	\$9 50
No. 2, containing	10 1 oz. " " and	8 50
No. 3, containing	8 1 oz. " " and	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " "	9 50
No. 6, " "	16 1 oz. " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " "	9 50
No. 9, " "	16 1 oz. " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " "	
" " "	4 Pots, " " and	\$19 00
No. 2, containing	21 1 oz. Mortar, " " "	
" " "	14 1/2 oz. Ground Stop. Bottles,	
" " "	4 Pots, " " and	\$15 50
No. 3, containing	18 1 oz. Mortar, " " "	
" " "	10 1/2 oz. Ground Stop. Bottles,	
" " "	4 Pots, " " and	\$12 00
No. 4, containing	20 1 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " "	
" " "	18 1/2 oz. " " "	
" " "	4 Pots, " " and	\$20 00
No. 2, containing	7 1 1/2 oz. Mortar, " " "	
" " "	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " "	
" " "	4 Pots, " " and	\$16 50
No. 3, containing	14 1 oz. Mortar, " " "	
" " "	14 1 1/2 oz. Ground Stop. Bottles,	
" " "	4 Pots, " " and	\$13 00



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO. 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,
ABDOMINAL SUPPORTERS,
Shoulder Braces,
LACE AND ELASTIC STOCKINGS,
SPINAL APPARATUS,
AND INSTRUMENTS FOR ALL DEFORMITIES.

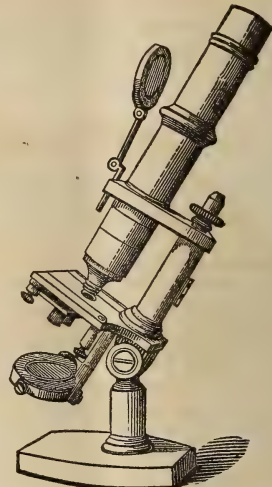
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA SURGEONS' BANDAGE

INSTITUTE.

(PATRONIZED BY THE MEDICAL FACULTY.)

No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequaled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts; Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

COLLECTING AGENCY.

THE undersigned will attend to the collection of Physicians' and Dentists' Accounts, House Rents, &c.

WM. M. DICKSON,

Agent for "Druggists' Circular," N. Y.; and Med. and Surgical Reporter, Philada., &c., &c. Address Box 82, Philada.

ADVERTISEMENTS.

NATHAN STARKEY,

MANUFACTURER OF

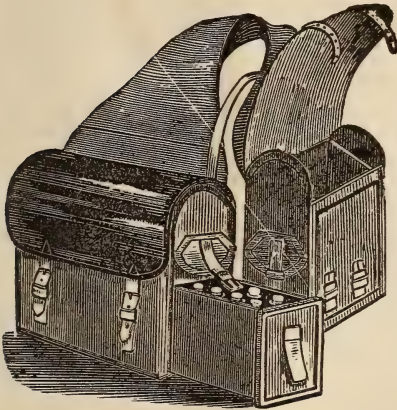
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11 " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " 4 " "	19 00
No. 3, " 48 " " 4 " "	17 50
No. 4, " 37 " " 4 " "	13 50
No. 5, " 32 " " 4 " "	12 50
No. 6, " 27 " " 4 " "	10 50
No. 7, " 20 " " " "	8 50
No. 8, " 15 " " " "	6 50
No. 9, " 14 " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of these Baths in all the principal cities of Europe, and the desire which has been so constantly expressed by the profession, to have a place, containing the necessary apparatus and attention—has induced the subscriber to open an establishment for their especial administration at No. 1121 Spruce street. The institution has received the highest approval and entire sanction of the most eminent practitioners of this city and New York. Such arrangements have been made, that separate Reception and Bath Rooms, and appropriate attendance, is to be given to the different sexes, and every other privacy, convenience and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly welcomed, and every explanation as to the working and application of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths applied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

139

No. 1121 Spruce street.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Levis, M. D., " "
Isaac Hays, M. D., " "
P. B. Goddard, M. D., " "

NOW IN PRESS, AND TO BE SOON ISSUED,

A NEW

MEDICO-LEGAL TREATISE
ON
MALPRACTICE
AND
MEDICAL EVIDENCE,
CONSTITUTING THE
ELEMENTS OF MEDICAL JURISPRUDENCE.

BY JOHN J. ELWELL, M. D.,

MEMBER OF THE CLEVELAND BAR, PROFESSOR OF CRIMINAL AND MEDICAL JURISPRUDENCE AND
TESTAMENTARY LAW, IN THE OHIO STATE AND UNION LAW COLLEGE, AND
ONE OF THE EDITORS OF THE WESTERN LAW MONTHLY.

Large 8vo. Stereotyped Edition, Printed on the First Quality of Book Paper, Manufactured expressly for
the work, and bound in the best Law and Medical Sheep. Price \$5.

JOHN S. VOORHIES,

No. 20 Nassau Street, New York.

Sent by mail, postage paid, on receipt of price. Address the Author, at Cleveland, or Publisher at New York.

There is no work devoted to these very important subjects, though greatly needed by both the professions of Medicine and Law. The existing works on Medical Jurisprudence, valuable as they may be in other respects, do not even allude to the important and deeply interesting subject of MALPRACTICE; vital as it is to Medical Men. Nor is there anything definite upon this subject within the whole range of legal literature, except as it is found scattered throughout the vast range of law Reports. The physician or surgeon, therefore, can no where lay his hand upon a treatise that will clearly and fully define his rights, duties, and responsibilities as a professional man. Every medical man, may, and should, understand clearly his legal liabilities. If he does not, he is at the mercy of enemies, ignorant and mercenary patients and their friends.

Lawyers also complain because the subject of Malpractice is in so much confusion. In no class of cases do they have so much trouble in preparing their cases as in these, because the matter belongs to another science, and their authorities upon it are to be gathered by great labor from their Reports.

The MEDICAL WITNESS should so thoroughly understand his rights, duties, and the importance of his position, as to be able to appear upon the stand unembarrassed, and with honor to himself and to his profession.

MEDICAL EVIDENCE also to the attorney, is completely buried beneath useless discussions of medical questions and theories foreign to the subject, as treated in most works on Medical Jurisprudence. Anomalous and unusual cases, are of no practical value to the attorney, and useless to the physician. The attorney cannot use these cases, and therefore discussions upon them, only confuse and disgust him, while they are worthless to the medical man, because he has the same matter in a better shape in his elementary works on Medicine and Surgery.

In this treatise the author has endeavored to set forth for the use of the attorney, and the physician and surgeon, what is settled and authority in both professions, upon MALPRACTICE and MEDICAL EVIDENCE, stripped of everything else—illustrating the matter fully by the leading adjudicated cases. He has been assisted essentially by Judge HAYDEN, of the Law School, and Prof. THAYER and CASSELS of the Medical College.

PLAN OF THE WORK.

1. The general principles of law, defining the duties and liabilities of medical men, with copious references to legal works. 2. The inherent elementary impossibilities of the science of medicine, for which the medical man should not be held responsible. 3. What can and should be accomplished by the Physician or Surgeon in Amputations, Fractures, Dislocations, &c., out of which grow most of the cases of alleged Malpractice. 4. The leading adjudicated cases upon these subjects. 5. A Digest of Prof. Hamilton's cases on Deformities after Fracture. 6. Liabilities of Druggists—leading adjudicated cases. 7. Statutory Laws relating to Physicians and Surgeons. 8. Criminal Malpractice, with adjudicated cases. 9. Abortion—cases. 10. Medical Fees. 11. Evidence in general. 12. Medical men as experts. Medical Evidence—its history. 13. Circumstantial Evidence. 14. Experts—their testimony generally. 15. Medical Books as evidence. 16. Insanity treated at length, with leading cases. 17. Infanticide—cases. 18. Rape—cases—the Beale case. 19. Poisoning—with Arsenic and Strychnia in particular, with leading cases. 20. Identity—the Webster case. 22. Coroner's and Post Mortem examinations. 23. Other cases where the medical witness must apply the elements of Medical Jurisprudence

PROSPECTUS

OF THE

MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to serve the Profession,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

SIZE.—THE REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

PRICE AND TERMS.—The subscription price is \$3 00 in advance; single copies, ten cents. THE REPORTER will only be sent to those who pay for it. *Notice will be given to subscribers at the termination of their subscriptions.* Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D., } Editors.
R. J. LEVIS, M. D., }

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago.

Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are ten volumes, and they contain a very large amount of practical information, besides a large number of steel engraved portraits of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

J. M. MIGEOD,

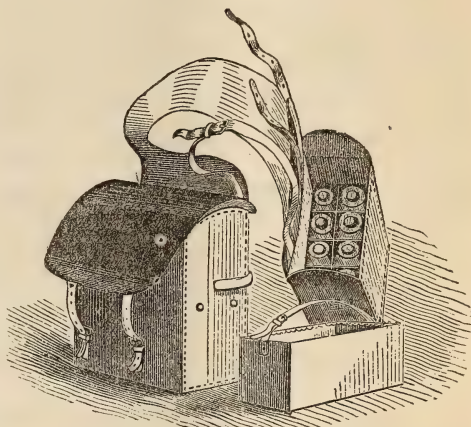
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1/2 oz.	Ground Stop. Bottles and	
No. 2, containing	10 1/2 oz.	" " " and	\$9 50
No. 3, containing	10 1/2 oz.	" " " and	8 50
	8 1/2 oz.	" " " and	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz.	Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz.	" " " "	9 50
No. 6, " "	16 1 oz.	" " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz.	Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz.	" " " "	9 50
No. 9, " "	16 1 oz.	" " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz.	Ground Stop. Bottles,	
" " " "	18 1/2 oz.	" " " "	
" " " "	4 Pots,	" " " "	and
" " " "	1 Mortar,	" " " "	\$19 00
No. 2, containing	21 1 oz.	Ground Stop. Bottles,	
" " " "	14 1/2 oz.	" " " "	
" " " "	4 Pots,	" " " "	and
" " " "	1 Mortar,	" " " "	\$15 50
No. 3, containing	18 1 oz.	Ground Stop. Bottles,	
" " " "	10 1/2 oz.	" " " "	and
" " " "	4 Pots,	" " " "	\$12 00
No. 4, containing	20 1 1/2 oz.	Ground Stop. Bottles and	
" " " "	2 Pots,	" " " "	\$8 50
No. 5, containing	15 1 oz.	Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz.	Ground Stop. Bottles,	
" " " "	18 1 oz.	" " " "	
" " " "	18 1/2 oz.	" " " "	
" " " "	4 Pots,	" " " "	and
" " " "	1 Mortar,	" " " "	\$20 00
No. 2, containing	7 1 1/2 oz.	Ground Stop. Bottles,	
" " " "	14 1 oz.	" " " "	
" " " "	14 1/2 oz.	" " " "	
" " " "	4 Pots,	" " " "	and
" " " "	1 Mortar,	" " " "	\$16 50
No. 3, containing	14 1 oz.	Ground Stop. Bottles,	
" " " "	14 1/2 oz.	" " " "	and
" " " "	4 Pots,	" " " "	\$13 00

128 y



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your unequalled "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,
ABDOMINAL SUPPORTERS,
Shoulder Braces,
LACE AND ELASTIC STOCKINGS,
SPINAL APPARATUS,
AND INSTRUMENTS FOR ALL DEFORMITIES.

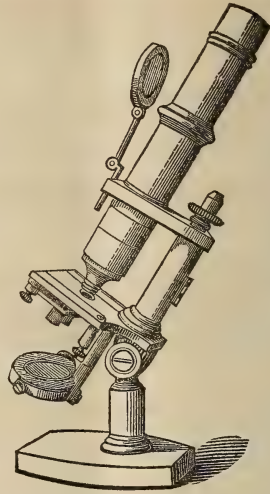
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—1y

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

PHILADELPHIA SURGEONS' BANDAGE

INSTITUTE,
(PATRONIZED BY THE MEDICAL FACULTY.)
No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

COLLECTING AGENCY.

THE undersigned will attend to the collection of Physicians' and Dentists' Accounts, House Rents, &c.

WM. M. DICKSON,

Agent for "Druggists' Circular," N. Y.; and Med. and Surgical Reporter, Philada., &c., &c. Address Box 82, Philada.

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 146.

PHILADELPHIA, AUGUST 6, 1859.

{ NEW SERIES,
VOL. II. NO. 19.

Original Communications.

Local Applications in Erysipelas.

By O. C. GIBBS, M. D.,

Of Frewsburg, N. Y.

That erysipelas is a constitutional affection, and requires for its treatment constitutional remedies, is very generally admitted. Yet, as the manifestation of the disease is local, the patient and friends expect that local applications will form at least part of the remedial means employed for the cure, and such means have, in all time, been brought to bear upon the disease with more or less effect. Various have been the instrumentalities thus put in requisition, and it may not be altogether profitless to take a retrospect of such appliances. There is no danger that the weapons with which we go armed to the warfare with disease, will be too numerous or diversified. The man who goes to battle, armed only with a sword, can expect to do but little execution against an enemy that comes only within range of a rifle.

Diversified, and even opposite local appliances, have been recommended in erysipelas; each may be appropriate in individual cases, which supposition only goes to establish the fact that no one application is appropriate for all cases. Thus cold water or ice applications and warm fomentations or poultices, have each had their advocates; and possibly each may be judicious in some individual cases. It may, however, be remarked here, that the former is mostly unsafe, and the latter generally objectionable. Higginbottom was perhaps the first to recommend *nitrate of silver* in substance or strong solution. This application is

of but little avail unless it produces vesication, and its application is now mostly confined to the healthy integuments immediately adjacent, with the object of preventing the spread or the enlargement of the local manifestation of the disease. Used in this manner, it is often beneficial—the disease being, it is supposed, circumscribed and confined within reasonable limits. We have so often seen it pass a border vesicated with nitrate of silver, and that repeatedly in the same case, that we rely upon it with but little confidence; and we believe the faith of the profession is not as strong in its virtues now as some years ago. The beneficial effects of nitrate of silver are best seen when the disease invades the mucous surfaces, as the fauces, tonsils, and the epiglottis. In such cases the stick or strong solution should be freely applied directly to the diseased surfaces.

Local bleedings, by leeches and cups, have been advised and practiced, by whom first we do not now remember. This plan has not many advocates in this country, as it is feared that the bites and scarifications may become new foci of the disease. When the disease invades the fauces, tonsils, larynx, &c., leeches to the neck and under the chin are doubtless appropriate, and it is to such cases that they should be mainly restricted. *Deep incisions* were first recommended by Dr. Copland Hutchinson, and in appropriate cases such procedure is of the greatest benefit. The appropriate cases are the phlegmonoid variety, and where destructive inflammation has taken place beneath the fasciæ.

M. Larrey advised the *actual cautery* to be applied lightly to different points, with the view of localizing the inflammatory action, and thus preventing its extension. This plan

has but few advocates at present, and is probably very seldom, if ever, demanded.

Blisters were first recommended by M. Dupuytren, and Drs. Dewees and Physic have been their warm advocates in this country. The authority in their favor is too strong to admit of a denial of their utility; yet, under the improved methods of treatment now put in requisition by our best physicians, we are disposed to think the demand for their use is by no means frequent. Where the use of blisters is not beneficial, we are not sure that it is always innocuous, for it is more than probable that in some rare instances, especially in children, a simple variety of erysipelas has been converted by their action into the gangrenous.

Tincture of iodine has been locally employed by many physicians, and for the last fifteen years it has probably been the most frequent local application. Who first recommended it we are not certain, but perhaps the writings of John Davies did much to give it notoriety, or rather to encourage its extensive application. Prof. Gross, now of Philadelphia, as well as other high authorities, has spoken well of it. The iodine should be applied over and for a little distance beyond the diseased surface, and, to get its best effects, it should not be applied once a day only, as recommended by some high authorities, but several times a day.

Dr. Fahnestock, of Pittsburg, has spoken in terms of commendation of the local application of *creasote*. In the gangrenous variety, at least, this is doubtless worthy of more confidence than it has acquired, and more extended trials. It should be applied undiluted, in the same manner as recommended for tincture of iodine.

Corrosive sublimate, in solution, (twenty grains to the ounce of water,) has been recommended by Drs. Pitcher and Tripler, of the U. S. Army. In other hands it has proved inert, and it never has found favor with any considerable portion of the profession. Akin to this application is the mercurial ointment, which has found favor with a few physicians,

but which, doubtless, is in no way superior to lard, or simple ointment.

M. Velpeau recommends highly a solution of the *sulphate of iron*, (one ounce to the pint of water.) This we have used quite as often as the tincture of iodine, and believe it every way as efficacious. Akin to this is the *muriated tincture of iron*, which, if we rightly remember, was first recommended in the London Lancet, in 1852 or '53, by whom we cannot now say, as we have not that journal now before us. It has since been recommended in the Buffalo Medical Journal for 1858. Its application is frequently unbearable, unless reduced. It is probably in no way superior to the solution of the sulphate, except in the gangrenous variety, in which cases its stimulating and antiseptic properties would give to it superiority.

Dr. C. D. Meigs speaks highly of *Kentish's ointment*, especially in very young children.

Solutions of *acetate of lead*, sulphate of copper, muriate of ammonia, and the chlorates of potash, soda, and lime, have each been recommended. Alcohol, tincture of camphor, myrrh, oil of turpentine, have each alike had their advocates.

Dr. Stephenson, of Indiana, in the Western Lancet for 1857, speaks highly of *tobacco leaves*, applied to the inflamed surfaces.

With the present received opinions in regard to the nature of erysipelas, we confess to but little liking for the severer local applications, especially in the milder forms of the disease, or when appropriate general treatment can be early commenced. Among the milder applications we may mention *cotton*, which has been warmly recommended by M. Regnault. It is claimed for it that it soothes the pain and abates the burning heat and itching. It probably might often be found to act favorably, by excluding the air and light, and retaining the moisture of insensible perspiration, thus establishing a mild vapor-bath, and maintaining a uniform temperature.

Wheat and rye flour has been advised by many, and probably acts not unlike the cotton.

White paint have been recommended by several physicians, by whom first we do not

now remember. We consider this one of the best applications, when it can be early applied. It soothes the pain, and the itching and burning heat speedily subsides under its use. It is, however, an unpleasant application to apply to the face, and always prevents our seeing the true color and conditions of the part.

Infusions of elm bark and quince seeds have each had their advocates.

Collodion was first recommended by M. La-tour, of Paris, and later by Dr. Traver, of Illinois. It has been advised to add one part of castor oil to fifteen parts of collodion. This, we have no doubt, is an excellent preparation in appropriate cases, though as yet we have never put it to trial.

Dr. Robert B. Cook, of Scarborough, recommends the local application of *belladonna*, in the form of tincture or lotion made by dissolving the extract, and Dr. Allen, of Vermont, has spoken well of *stramonium* ointment.

In two cases, recently, we have seen good effects from the use of gum Arabic paste, medicated with acetate of lead. Whether the lead was of any advantage is only conjectural. We subjoin the cases.

June 10th, 1859.—Was called to see a child aged eighteen months. The local manifestation of the disease was first observed two days previously, commencing in one foot. A "Botanic" had the case in charge until placed in our hands upon the third day. The inflammation had reached above the middle of the thigh, and involved the whole limb below. We blistered a band with nitrate of silver completely around the limb, about an inch above the upper border of the disease, and ordered tincture of iodine to be applied to the whole surface below, the iodine to be repeated every six hours. Syrup of the tartrate of iron, also powders composed of quinia and Dover's powders, were ordered internally.

On the following day the disease was found to have passed above the vesicated belt, and had reached as high as the great trochanter. Another belt was drawn, and the other treatment continued as yesterday. On the third day of this treatment the inflammation had

reached the crest of the ilium, and was extending to the other side. The foot and leg was extensively blistered. Dissolved acetate of lead in mucilage of gum arabic, (one drachm to the ounce,) and ordered it applied with a common shaving brush every half hour for three hours, and then every two hours thereafter. The constitutional treatment was continued. From this time the disease ceased to spread, and the child rapidly recovered. Whether the application had anything to do with the arrest of the local disease is quite problematical. Certain is it that it was comfortable to the patient, and that the bright redness immediately began to subside.

Case 2d, July 7th, 1859.—Was requested to see Miss F., aged 25 years. The disease had been in progress only about 24 hours. The inflammation covered the whole face and neck, and the swelling was so great as to entirely close the eyelids and temporarily blind the patient. The whole of the left arm and hand was greatly swollen, and blisters had begun to form. Directed 20 drops muriate tincture of iron to be taken, and repeated every three hours; also quinine and Dover's powders every six hours. We were about to make a local application of tincture of iodine, but on the patient informing us that iodine was a powerful irritant poison to her, we substituted the muriated tincture of iron. This produced so much smarting and pain that the friends were obliged to wash it off, after which cloths wet in a solution of acetate of lead were applied.

On the following day we found the patient no better. The disease now involved the right hand and forearm, and both feet. We now ordered a saline cathartic, with a continuance of the general remedies of yesterday. The mucilage and lead was now ordered, as in the former case, and to be repeated every half hour. On the following day the disease had but slightly extended, and the swelling was greatly reduced. The patient derived great comfort from the application. From this point recovery was rapid, and on the sixth day the patient was discharged.

These cases are of course too few to form

any reliable opinion in regard to the real therapeutic value of the local means employed. It is not improbable that the disease would have subsided equally well under the general remedies. Of one thing, however, we are sure—the application was a great source of comfort, and this even is not a trifling consideration.

Fibrous Tumor of the Omentum.

By B. WOODWARD, M. D.

Of Galesburg, Ill.

The record of this case is taken from my notes made Nov. 30, 1857. Called to-day to see Mrs. H., wife of Rev. Mr. H. Mrs. H. was delivered of a child nine weeks ago. From the first month of gestation her health has been very poor. Says she has had some disease of the kidneys; but the object in sending for me at this time is to get my opinion as to the nature of an abdominal tumor with which she is afflicted. She has been under the treatment of Hydropaths for some months. While in labor she was taken with puerperal convulsions. The labor was long and severe, but after a time she was delivered of a dead child.

The Hydropath who attended her insisted that the pregnancy was double, and for several days used means to restore labor pains so as to deliver the other child, but no child came: reason—there was none to come. About two weeks after delivery, her abdomen began to enlarge, and the doctor called it “ovarian dropsy.” I found her pale and anæmic; great anxiety of countenance. Pulse small and feeble, ninety per minute. Just above the pubes I found a hard knotty tumor, central in the abdomen, larger than the head of a full grown fœtus. Placing the hand upon the abdomen gives the sensation of pressing on the thorax of a child. The tumor could be but very slightly moved from side to side, though it is evidently not adherent to the walls of the abdomen. There is a great degree of tenderness when pressure is made upon the tumor. The cavity of the abdomen is occupied by a large collection of water, fluctuation being very evident. When she is turned toward

either side the fluid gravitates, but the tumor remains central. No enlargement of the ovaria is discernible. After making all the examination I could, diagnosed it to be a “fibrous tumor of the uterus with ascites.”

July 2nd, 1859. To-day, Prof. Taylor, Doctor Hurd and myself were called upon to make a post mortem examination of the body of Mrs. H. Since November, 1857, Mrs. H. has been in Iowa and Kansas, where she has been treated principally by Hydropaths. She has lately returned from Chicago and New York, in both which cities she has consulted prominent surgeons as to the feasibility and propriety of an operation, but which has been emphatically discouraged in every instance.

Necropsy sixteen hours after death. External appearance.—Young woman 28 years of age, very much emaciated, skin deep yellow color. Abdomen larger than that of a woman at term. Fluctuation distinct over the whole abdomen. Introduced trochar just above the superior spinous process of ilium, and drew off rather more than two quarts of bright yellow serum, having flakes of yellow matter like half decomposed fat floating in it. Opening the abdomen in the usual manner, the tumor was seen occupying the whole anterior portion of the abdomen from the pubes to the sternum. It proved to be omental, having very little vascularity, the only large vessel going to it was a branch of the inferior mesenteric artery. It was firmly adherent to the ascending and transverse colon, having the transverse partly imbedded in it. It was also adherent to the left wall of the abdomen, and slightly so, to the under side of the liver and stomach. The peritoneum was in every part, hard, thickened, and rough. The liver enlarged, but normal in texture, the gall bladder full of healthy bile. The stomach and intestines were glued together by plastic exudation. Spleen healthy. Right kidney nearly twice as large as the left and its peritoneal covering disorganized. The kidney itself normal in texture. The uterus was perfectly healthy, as were also the ovaries, and the tumor was not in the least adherent to the uterus. Removing the viscera there was about a pint of the flaky matter, such as

we had seen in the serum, which was too thick to flow through the canula. We were informed that Mrs. H. had been at times troubled with a cough, we therefore opened the thorax. The right lung was entirely wanting with the exception of a hard, nearly black mass, rather larger than a hen's egg, just about the root of the lung. There was no appearance of abscess, but the lung was completely atrophied, and the cavity of the thorax on that side contained three pints of clear albuminous fluid. The costal pleura of that side was thickened, hard and rough, densely covered with points of hard yellow matter. The left lung was healthy but much enlarged. Pleura on that side healthy, as was also the heart. The tumor itself was lobulated, containing no cysts, but hard and solid; when cut it showed a fibrous structure slightly intermixed with fat, and gave a grating sound under the knife. It was of a light yellow color internally. Its weight was 3 lbs. 13 oz. The disease evidently commenced on the lower border of the omentum and extended upwards, till the whole had become involved in the tumor. The physicians in New York and Chicago had diagnosed it "fibrous tumor of the uterus" as I had twenty months previously. In this we were all mistaken, and I am not aware of any means by which we could have detected its true nature.

The necropsy has fully proved the wisdom of the advice given,—“not to operate.”

The tumor is in the possession of Prof. M. K. Taylor.

From the history of the case, there can be no doubt that the tumor existed at a very early stage of gestation, if not before, and that its presence at the time of her delivery, led to the belief that the pregnancy was double. There was not disease of the liver or kidneys sufficient to account for the ascites; and the opinion I had formed was, that the long continued and injudicious use of hydropathy was the exciting cause. It has occurred to me to treat more than one case of anasarca and ascites where the evidence was conclusive that the anæmic condition upon which the dropsy was consequent, had been produced by the improper use of water treatment.

At the time I made my first examination, there was no evidence of peritoneal disease, and the abnormal condition of that membrane found at the post mortem examination, is to be accounted for by an after state of the system:—but I will not occupy your valuable space with crude theories.

The Influence of Quinine on the Pregnant Uterus.

Lumberville, Bucks co., Pa., July 24, 1859.

Messrs. Editors—In your issue of July 16th, I noticed a request for statistics of the effect of quinine when administered to pregnant females. I therefore take the privilege of citing a few cases that have occurred in my practice.

Yours, respectfully,

T. C. RICE, M. D.

Case 1st. August 16, 1857. I was called to Mrs. Mc., who was suffering from *quotidian* ague of one week's standing. She was in the sixth month of pregnancy—was weak, anemic, liver torpid, stomach foul, with all the usual symptoms of a low form of ague. After a dose of calomel, gr. v. and followed by a purgative of senna and jalap, I gave a teaspoonful of the following mixture every hour during apyrexia:

R. Quinæ sulph. gr. xv.
Liq. potass. arsenit. f. 3j.
Tr. opii, f. 3j.
Acid. sulph. arom., gtt. xv.
Aquæ font. q. s.

To make a three ounce mixture.

The ague was arrested after taking sixteen doses of this; she continued taking one teaspoonful night and morning for twenty-eight days, and had no relapse. Her general health improved, and she went to full term, when she was delivered of a fine healthy child.

June 1st, 1859. She again sent for me; she stated that she was in the fourth month of pregnancy, and had been afflicted with tertian ague at intervals of about two weeks, during two months; had taken from 12 to 18 grains of quinine at each attack, at one dose, without experiencing any unusual sensations in the uterine region. I prescribed quinine for

her at the time, and directed the tr. of cinchona to be taken for several weeks. She entirely recovered, and is likely to go to full term.

Case 2d. Mrs. P. had an attack of tertian ague at the sixth week of pregnancy. I gave her 24 grains of *quinoidine* during intermission. It arrested the chills, but she had a relapse in three weeks, when I directed 12 grains of quinine during intermission, and one grain daily for one month. She recovered, and is now in the eighth month.

Case 3d. Mrs. M. was in the fifth month of pregnancy, when she was seized with a very severe form of tertian ague. She took thirty grains of quinine during intermission, and continued to take five grains every seven days for four weeks. She had no relapse, and at the end of gestation was delivered of a very large child.

Case 4th. Mrs. S. had tertian ague, Sept. 21, 1858; was a large and previously healthy woman; had just entered eighth month of gestation. Gave her twenty grs. of quinine at four doses during intermission, and five grains every seven days for 28 days. She went to full term.

In the above cases there was no pain or other indication of uterine contraction, during the time that they were under the influence of quinine.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Levick.

JULY 23.

(Reported by Mr. J. B. Hayes.)

Chorea.—This girl, one of the worst cases of chorea that I ever saw, was admitted a week ago. She is 14 years of age, has been five years sick, and is scarcely able to walk. Her mental faculties are very much impaired, so that I have not been able to learn from her, her history. We are obliged to treat her for the symptoms which we see.

As a general rule, the disturbance of chorea affects most prominently the upper limbs. In the

case of the boy frequently shown to you, one side of the body was affected more than the other.

In some of the cases which we have had here, we could trace the disease to improper nutrition, due to a want of exercise, overtaking and confinement in factories, &c. Fright is a very frequent cause; the disease, however, not always immediately following the mental impression.

The most numerous cases of chorea that I ever saw occurring in one family, were where the parents were first cousins. Out of ten children, nine were affected with chorea.

Treatment.—I have directed in this case a comparatively new remedy, the *wine of citrate of iron and zinc*; dose, a teaspoonful three times a day. She takes nourishing food, out-door exercise, and has shower-baths. Attention is paid that the bowels should be regularly moved. I have, however, spoken to you fully on that subject, at a previous clinic.

The lad, whom I have recently referred to, we placed at first upon the bromide of potassium as an antaphrodisiac. He has also taken extract of belladonna, and Vallet's mass; more recently the sulphate of zinc, three grains three times a day. Under this treatment he has greatly improved in every respect, and has been discharged from the hospital.

Cancer of the Liver.—This patient, about 30 years of age, had the appearance of one laboring under cancerous disease. The upper extremities and the thoracic muscles were very much wasted, while the lower part of the body was much swollen, and edematous.

He had been a laborer in an iron-factory, and dated the commencement of his sickness from January, having been attacked with a severe pain in his left side, which was supposed to be pleuritic.

By succussion, a wave was seen to run over the abdomen, but there is much less effusion than there was a week ago, when he was admitted. The liver is enormously enlarged; its outline can now be very distinctly felt, there is dullness to the umbilicus, and the organ seems to the touch to be studded with nodulated tumors.

There is great prominence of the superficial veins of the abdomen. This is always significant, and denotes obstruction of the portal circulation. The conjunctiva had been very clear, but to-day was jaundiced; his tongue was red and dry.

The patient was here carried out, and Dr. L. remarked that he considered the case utterly hopeless, and thought there could scarcely be a doubt about the cancerous nature of the disease, although it was impossible to say *positively* when cancer of the liver did, and when it did not exist.

The patient suffered but little pain, but pain is not a requisite attendant upon cancer—especially of

the liver. I have known a case of cancer to run its whole course without pain.

Treatment.—Very little was to be done. It was sometimes desirable, and it was especially expected in private practice, that some treatment should be pursued; but it should not be active. Avoid harsh diuretics and purgatives. Internally, such remedies as might be grateful to the patient; perhaps a mild diuretic to remove the effusion, and wine whey, or milk punch, etc., to sustain the strength.

Locally.—The iodine ointment might be applied, though of course in this stage of the disease little could be effected by it.

Eczema.—Two cases of eczema were exhibited, the one acute, the other of four years duration. Each had lost, under treatment, the peculiar appearance of the disease, but was sufficiently characteristic.

The first case, in its early stage, presented minute watery blisters. It had now nearly disappeared with simple moistening applications. An ointment of glycerine and fresh lard had been used. If this should not be found sufficient to complete the cure, constitutional treatment would be resorted to.

The second case was chronic. The patient had been a laborer in dye works. There had been recently so much inflammation that mucilage of slippery elm was applied. After that the glycerine ointment was used.

Certain remedies had been found pre-eminently useful in the treatment of diseases of the skin; but everything depended on the stage of the disease. To give Fowler's or Donovan's solutions, and to apply stimulating ointments in the acute stages, would be very improper treatment.

This patient had taken Fowler's solution, 3 drops 3 times a day; also, decoction of dulcamara, an old and well tried remedy.

Diseases of the Chest.—*The first case* illustrates one of the results occasionally following typhoid fever. He has acute phthisis. The right lung is healthy. *Percussion* over the left lung elicits a perfectly dull sound.

Auscultation.—In the lower part of the lung there is cavernous respiration, and when he speaks, very marked pectoriloquy. We hear very coarse mucous rales at the upper portion, almost gurgling. There is a large vomica at the lower part, as well as at the upper. In fact, the lung is completely riddled.

Yet, in spite of almost complete disorganization of one lung, the patient has very much improved under the ordinary treatment of cod-liver oil, the preparations of iron, etc. When he came in, he was scarcely able to lie down or to walk up stairs; now this exercise does not fatigue him. He will be discharged at his own request. It is not improbable

that he may die suddenly from hemorrhage: the giving way of a blood vessel which has resisted the destructive process going on in the cavities, as in the lung I showed you two weeks ago.

Case 2d.—In this patient there is very marked resonance of the chest. The respiratory murmur is feeble, and accompanied by sonorous and sibilant rales. The resonance is produced by an emphysematous condition of the lungs. The patient has also chronic bronchitis. He is using a cough mixture of squill, paregoric, and syrup of lobelia.

Typhoid Fever.—Two cases of typhoid fever were exhibited, convalescent. The illness in the first was of three weeks duration. The ordinary treatment had been pursued. It was one of the few cases coming under care this summer where there was a call for the oil of turpentine. He had been put recently on the use of wine whey and sulphate of quinia, 5 grs. a day. His diarrhoea had been checked by the administration of an enema of laudanum.

The second case was of so mild a type that the patient insisted that very little ailed him; but Dr. L. had no doubt that it was a case of typhoid fever. He has had diarrhoea and epistaxis, and two or three of the spots proper to this fever can now be seen on his abdomen.

Although this case was so mild and insignificant now, it might, with imprudence on the part of the patient, go on to a fatal termination. Strict abstinence from solid food was enjoined upon him, and he would be carefully watched. It would be useless to dose him with medicine. (*Remainder next week.*)

JULY 23d.

Service of Dr. Pancoast.

(Reported by Mr. J. B. Hayes.)

Progress of Cases.—The patient from whom the two large internal piles were removed on the last clinic day by the Ecraseur was brought before the class. The wound had cicatrized in a great measure, and the patient, from a state of perfect misery, now considers himself nearly well. The tube which was introduced after the operation, as a sure precaution against concealed hemorrhage, had been retained in the anus, and his bowels had been kept locked up by an opiate ejection until this morning. The best injection to produce a movement of the bowels in such cases is strained oatmeal gruel and sweet oil. An ointment was prescribed as most useful in this case, composed of

Simple cerate $\mathfrak{z}\text{ij}$.

Carbonate of lead $\mathfrak{z}\text{i}$.

Acetate of opium $\mathfrak{z}\text{i}$.

Although composed of apparent incompatibles, the ointment is a neat one and very soothing.

A chemical change takes place after the applica-

tion, and we probably have a sub-acetate of lead formed on the raw surfaces.

No contraction of the orifice had taken place. This was altogether avoided by the use of the ecraseurs, which were made to act from the centre of the orifice laterally. This sometimes follows the operation by other processes, and then we must dilate the constricted anus with a candle, or better yet, with a polished steel bougie.

Of the three *amputations* lately performed, Dr. P. remarked: Of all the operations performed by me, I wish you to know the results, especially if they be unfavorable; and you may know, when you lose sight of a case, or hear no more about it, that it has not had an unfortunate termination.

The amputation of the forearm by Teale's method has done perfectly well.

The man to whose stump the actual cautery was applied, I now consider as out of danger.

The lad whose leg was amputated seems never to have recovered from the first shock of the injury or the delirium which quickly followed it. His system seems to have no reparative powers. His recovery from the first I have, as you know, considered very doubtful. Yesterday the actual cautery was applied to his stump, which was sloughing. The gangrene to-day seems arrested, and the erysipelas which preceded it has ceased to extend itself. The deep contused wound of the other limb exhibits no healthy action. In place of a creamy, purulent discharge which ought by this time to show itself if the case was doing well, the wound is nearly dry, discharging a little sanious blood merely.

Injury to Sole of the Foot.—This lad had received a deep incised wound of the sole, by jumping upon a broken china bowl.

The management of the case had been according to a very simple plan. There had been a good deal of hemorrhage. In wounds of the palm and sole styptics were not to be used. The bleeding vessels had been isolated and tied.

Here the wound had been closed, and the foot elevated and extended. It had been wetted with laudanum. This Dr. P. considered an admirable application, and invariably resorted to it in such wounds. Indeed, he did not see why its more general use in wounds would not be beneficial.

Punctured wounds of the palm or sole were usually followed by much suffering, and were historically subject to be followed by tetanus, and this was in consequence, to a great degree, of the punctured but undivided fascia, binding down the inflamed synovial sheaths and swollen fatty and cellular structures, so as to strangle the sensitive parts within and very often produce gangrene.

As a general rule, the more freely the parts were laid open, the less the liability to tetanus.

Eczema Solare.—This had been developed by the blistering heat of the sun in a lad who had been nearly all day exposed to its rays while paddling about in the water. His face, chest, shoulders, back, and arms, were completely covered with large blisters. Eczema commonly arises from internal causes or changes of temperature, but we often see it produced in this way, or following the use of epispastics, mercurial frictions, or even simple frictions, with the hand over sensitive surfaces.

Treatment.—Simple cerate had been applied to the back—oxide of zinc ointment would have been rather better; to the arms glycerine ointment; to the chest a coating had been applied composed of

Gum Arabic,	3ij.
Gum tragacanth,	
Molasses	ā ā 3i.
Water	b. 3x.

This excludes the air from the surface of the burn, and does remarkably well, forming a sort of elastic covering.

There had been no treatment for the face, which, however, was doing about as well as the rest, from the effect merely of simple seclusion from the sun and wind.

Operation—False Anchylosis of the Jaw.—This occurred in a lad, and was the result of an injury to the cheek by a burn, which had extended to the mucous membrane within. After adverting to the different causes of this deformity, and the various methods practiced for its removal, Dr. P. expressed his preference for the division of the inodular tissue which formed the adhesions and of the contracted muscles, by the mouth, without laying open the cheek.

After the patient was completely etherized, Dr. P. proceeded with a scalpel to divide the bands, which were very numerous and resisting.

The masseter muscle was cautiously divided at its insertion into the ramus and body of the jaw. The gums were also found adherent to each other on their outer surface, by bands of the same inodular substance, and were separated with the knife. Owing to the resistance made by the patient, a further administration of ether was made. The teeth were forced apart by a wedge of wood sufficiently to introduce the blades of an instrument constructed for the purpose, which were properly protected by lead, and the jaws readily separated for more than an inch. They were to be kept for some days asunder by a plug of cork, or a cedar wedge between the teeth.

Dr. P. remarked that this was one of the most difficult and troublesome things that we were required to manage.

It had been his lot to see many of these cases of false anchylosis, a number of which had been the result of mercurial ptyalism.

JULY 27TH.

Progress of Cases.—The patient from whose shoulder a fatty tumor was removed two weeks ago, was exhibited to the class. The union was complete; no ligatures had been used. The incision upon the tumor, it will be recollected, was not straight, but curved. The scar left by such a cut is much more readily effaced by time, and in six months Dr. P. thought that it would be scarcely discernible. She will be discharged to-day.

The young man upon whose leg amputation was performed for a railway injury which crushed the foot, died last Monday. He never entirely recovered his consciousness, and did not seem to have a particle of reparative power. From the other limb, in which you will recollect there was a compound fracture near the ankle, an ichorous blood oozed out. It made no attempt to suppurate.

In the stump we had erysipelatous inflammation and sloughing. He died from the deep depressing effects of the shock, the foot and ankle of one side having been ground by the car wheel into a sort of pemmican, and the leg crushed open on the other.

We had an analogous case yesterday. A lad was brought in whose knee had been crushed upon a railway. He was in such a state that no operation could be thought of. He began to sink, and those prodromi of death by shock—the heart slackening in force and frequency, pallid countenance, wandering delirium, cold and clammy skin, and loss of tone of the stomach—clearly manifested the fatal character of the injury.

Death takes place so differently in different diseases that it is important you should recognize its varied prodromic signs in different cases.

Every other case that you have seen operated on is doing well.

Gunshot Wound of Neck.—This female was shot with a pistol. The bullet struck just posterior to the sterno-cleido-mastoid muscle, about its middle, and pursuing a downward course, has lodged near the top of the shoulder blade.

The case is instructive, as showing how far active interference is to be avoided in many cases of gunshot wounds.

The *Treatment* has been extremely simple. The bullet could be felt with a probe, but it would be extremely injudicious to cut down upon it and take it out, or to attempt its removal with the bullet forceps. Beneath the scapula is a large amount of cellular tissue, which gives to this bone that freedom of motion it possesses. From the free communication of this with the inter-muscular planes upon the back, if suppuration were set up here, it would be followed by fistulous sinuses extremely difficult to cure.

We have treated such symptoms as arose: anodynes to allay pain and give rest, lead water and laudanum where there was inflammatory swelling, and have since irrigated the neck with cold water led by a thick band of cotton wick from a bucket standing near her, the bands being coiled over a piece of wetted lint on the neck, and ending in a receptacle for the waste water.

It interests us to know what will become of the bullet. If it should become more superficial, we should remove it by a counter opening. If it should change its position and produce irritation of the posterior roots of the brachial plexus of nerves, we should cut down upon it and take it away. It may become encysted by an effusion of lymph in the cellular tissue around it, and be productive of no inconvenience. The best treatment is quite often a negative one.

Disease of Knee Joint, Treated by Actual Caustery.—*Case 1st.*—This chronic inflammation of the knee-joint, degenerating into a genuine case of white swelling, or fungus articulari, may rightly be called one of the *opprobria chirurgicorum*; the patient is a young leucophlegmatic girl, who has been afflicted with it for years. The movements of the limb excite pain, which debars her entirely from exercise. She desires to be relieved from her distress, and even solicits amputation. I know of no cases which are more troublesome, tedious or embarrassing, in their management, than these peculiar chronic diseases of the knee-joint.

The duration of the affection in this case has been ten years. The length of time it can be borne depends much on the extent of the disease, and involvement of the bone, and on the character of the patient's constitution still more. If left to run its course, its results are seen in the paling of the countenance, impairment of the digestive functions, hectic fever, suppurating sinuses, caries of the heads of the bone, and breaking down of the general health.

If amputation of the thigh is to be performed, which is looked upon as the last resort in these cases, it surely ought not to be deferred till the disease has progressed to the extent I have described, for then, from the great constitutional depravation, you are apt to have it followed by a purulent infection of the blood, pyæmic fever, and death.

What is white swelling? It originates in a sprain, or from exposure, and is at first an inflammation of the synovial membrane—a tissue thin and delicate as the spider's web. Sir Benjamin Brodie says that this membrane, in white swelling, undergoes a degeneration until it becomes even an inch in thickness. This is not exactly the case. The thickening is caused by a deposit of crude lymph or lardaceous matter in the sub-serous structures. The

matter effused in the first stages is probably serum; if the inflammation runs higher, it is the liquor sanguinis, but when the disease has lasted a long time, or the health becomes broken; or, if the subject has originally a cachectic and scrofulous constitution, it is an impure, imperfectly formed deposit, approaching almost to tuberculous matter, which has no tendency to take upon itself the work of reparation. The synovial membrane, with its vascular plicæ extending into the sinuosities of the joint, becomes inflamed, thickened, and extraordinarily vascular, extends itself in the place of the articular cartilages, which it seems to absorb away, and in the better class of cases, where the ends of the bones do not undergo a destructive tuberculous or fatty degeneration, it may unite from the opposite surfaces across the joint, and form the bands of a false ankylosis.

Treatment.—This case, during the time she has been here, which has now been several months, has not progressed towards a cure. It is one in which many European surgeons would perform a resection of the joint. I have seen it done myself, in a very similar case, by Mr. Bowman of London, which had a bad result; but it is unwarrantable here, I think; so is amputation. It would be a sin and a shame to amputate this limb, without further effort to save it; and besides, amputation would be an operation of much hazard.

The joint has again and again been cupped, leeches, blistered, and pustulated with tætar emetic ointment. What measures are there, more potential, yet remaining, that you could resort to, to modify the inflamed and altered condition of the synovial and sub-synovial structures? Repeated blisters, incessantly alternated upon the sides, or the moxa, might be of service, but what is most potential of all is the actual cautery. It is the actual cautery that I propose to make use of here, and by the method of linear cauterization. In the lines to which the cautery has been applied, we will have suppuration set up. It will have the effect of an issue; but another effect—and the greatest part of the benefit derived from the hot iron—is the radiation of heat, modifying the molecular life of the structures within.

We cannot expect by once cauterizing to arrest a disease of such long duration as this; but if we have to repeat it even three or four times, and find the patient improving, it is still a most precious remedy.

I would not apply the cautery when there is evidence of much inflammation; this must first be reduced by leeches, rest, sedative applications, and constitutional treatment.

The actual cautery is not accompanied with so much pain as one would suppose; but the patient should always be well etherized, to avoid the mental

as well as the physical shock of the operation. The immediate after dressing should be lint wetted with warm water, covered with oil silk; afterwards cold water will be found to suit better, and when the eschar separates, zinc ointment.

The constitutional after-treatment should not only be alterative and tonic, but should combine with these effects, that of the extract of *ignatia amara*, or some analogous preparation, as a nervine. If you sustain the tone of the nervous system, at the same time that you increase and enrich the circulating fluids, you give it the power, to a considerable extent, of modifying the molecular life of the parts diseased.

The operation was performed in this case with a hatchet-shaped cautery-iron, brought to a white heat. It was drawn over the diseased joint longitudinally, with gentle pressure, leaving six or eight blackened lines of eschars an inch asunder, and six or seven inches long, and causing an inflammatory blush of the surrounding skin. The covering over the patella was avoided.

Case 2d.—This was a male patient, with his joint in even worse condition than the preceding: the joint had a knock-kneed appearance, from the decay of the inner lateral ligament, and repeated blisters had produced a chromatogenous effect upon the skin. The part had a spongy, soft, and fungous feeling to the touch, with many large irregular elevations.

Dr. P. remarked, I am disposed to think that there is some disease of the bone in this case, and am by no means very hopeful of its cure. The disease has existed three years, and the patient is getting weaker under the most sustaining treatment we can give him. All the world says here, “cut off the thigh,” but this, if done at all, should be done when he is able to bear it. I say we should not cut it off until we try what is the effect of this most potential agent—the actual cautery; it is our duty in this case to see what its effects will be.

The application of the iron was made here in the manner described above, the lines being perhaps a little more numerous upon the internal and bulging portion of the joint. The same dressing was ordered. A splint was to be placed underneath the limb, in each case, to keep it entirely at rest.

Operation for Cataract—Two Cases.—*Case 1st.*—A lad, upon whom Dr. P. operated a year ago for double cataract; upon one eye, the right, by the linear extraction of the lens, after the method of Græfe; the other, by the absorption process, the puncture being made through the cornea. He sees perfectly well, but applies for removal of a portion

of the capsule of the lens, which can be seen shining in the left eye.

Dr. P. introduced his needle into the globe, about three or four lines from the cornea, carefully avoiding the ciliary body—that vascular structure into which, he remarked, nothing could induce him to plunge a needle—and removing the web like structure which obscured the vision, laid it in the vitreous humor, upon the outer portion of the ball. Nothing obscuring the pupil, could be seen after the operation.

Case 2d.—The operation by solution has been performed in this case, with little benefit. The cataract is very complete in both eyes, and has a marbled appearance. I propose to operate upon both. The operating room should have but one window, to the north, and that shaded below. In this room, I see in his eye the reflection of half a dozen windows, and as many heads.

Scarpa says, during the operation let the arm rest upon the knee. I want my hand free, so that if the patient moves his head, my hand may follow it.

My process of operation is peculiar to myself. It is one attended with an amount of success that I am almost afraid to mention, and it would require a long lecture to enable you to understand its merits. Couching, in my opinion, should never be done. I would rather extract the lens than perform it. The tearing up of the attachments of the ciliary zone, attending the operation by couching, and the injury done to the ciliary processes, leave the eye in such a state that the sight is but seldom perfectly restored.

My plan is to introduce this peculiar needle—a very delicate instrument, and slightly hooked at its point—behind the ciliary body, break the capsule freely, fix the needle in the lens, and let it follow to the side of the eye, as I withdraw the needle in the same line of direction in which it was introduced.

The operation was now performed on both eyes, and was accompanied with very satisfactory immediate results. The lids were closed with court plaster, and the patient was directed to take an anodyne, have a belladonna plaster placed upon the temples, and to be kept in bed.

DEFERRED CLINICS.

JUNE 11TH.

Service of Dr. Neill.

(Reported by Mr. J. B. Hayes.)

Injury to the Head.—The effusion upon the head of this lad, caused by a blow from a piece of coal, and exhibited the last day, has increased in size and softness, and will be discharged by an opening.

Mingled blood and pus escaped. When emptied,

the ring of lymph surrounding the tumor gave the idea of a depression of the skull.

It was dressed with a wet cloth, and if it gave pain, it would be covered with a poultice.

It is best to trust to nature for the absorption of bloody tumors of the scalp; but when they are increasing in size, and evidently going to suppurate, they must be opened.

Fracture of the Clavicle, caused by a blow from a Turtle.—The outer fragment is so loosened that it is almost pushed off from the acromion process.

In most instances, the strong ligamentous connection here, aided by the conoidal and trapegoidal ligaments, prevents displacement.

Treatment.—The ordinary apparatus will be used, with slight compression over the outer portion.

There will be little deformity at the seat of fracture.

Injury to Elbow Joint—Case 1st.—The patient fell from a platform. The arm is swollen and the hand bruised. The hardness and swelling prevent much manipulation, but I believe it to be fracture of the internal condyle.

If there should be a tendency of the fragment to assume a position to the front of its proper place, the internal angular splint, now on, will be changed to an anterior bent splint.

Case 2d—Fracture of outer condyle, shown on previous occasion; on anterior angular splint; obviates the deformity of anterior displacement.

Case 3d.—Of more serious import. This man was injured by the bumpers of cars, an accident often resulting in mortification, as you saw in the case of the black man. Crepitus is distinct, the arm is swollen, and there is some blood escaping from a punctured wound, caused either by the bone or the body producing the injury.

The injury immediately observable was not such as to consign his arm. The color was good, there was flexibility of the skin, and the joint had not been opened. The wrist joint was contused, but no fracture could be detected. There has been no bleeding of any amount.

Treatment.—It was first treated with warm water. Cold water was avoided on account of anxiety as to our ability to preserve the limb. This will depend on his debility and constitutional disturbance. Here much will depend on his habits; if intemperate, his power of reparation will not be so good. The most nourishing food is given him.

With a wound like this, and fracture, it is often impossible to determine whether an immediate or secondary amputation is advisable. If the injury was greater, if the joint was opened, amputation

would be performed. It has been decided to try to save the arm.

The *prognosis* is serious, but many compound fractures at the elbow recover in young persons.

Fracture of the Ilium—There is pain over the hip on one side, and bruising in the vicinity of the innominatum, but no deformity like a luxation or fracture of the hip. He has fracture of the ilium. This accident is caused most frequently by the falling of banks of earth, and by wheels, as in this case.

There is some mobility in a portion of the ilium, and along the crest an unusual depression and prominence can be detected by the finger. Crepitus confirms what was suspected from the mobility and irregularity of outline.

Fractures of the ilium differ in importance according as the true or false pelvis is involved. A small portion of the crest or of the hollow of the ilium may be broken, and the patient be able to walk; but when the fracture extends below the linea ilea, or into the false pelvis, as the obstetricians term it, the symptoms are very different. When only the muscular structures above are involved, no very serious consequences can occur; but when the ischium or pubis are implicated, the functions of the pelvic viscera are disturbed. Lacerations of the organs may take place, or effusions of blood may interrupt their functions, either mechanically or by the formation of pelvic abscesses.

A curious fact is observed, so far as reparation is concerned: whenever, in irregularity or displacement of the fragments, an unusual amount of callus occurs, it is thrown out on the dorsum, and not in the venter of the ilium, doubtless to avoid encroaching upon the pelvic cavity. The materials at my own disposal, my own collection, warrant this observation.

The *prognosis* is serious. His abdomen is tympanitic, and he has had nausea. It is important to empty the bladder and rectum. Perfect rest should be ensured by a bandage around the pelvis. An anodyne is given by enema when nausea prevents its administration by the stomach.

Sloughing of Incised Wound.—In this case sloughing had followed an incised wound of the arm in a middle aged negro woman, a result not often observed. The tissues in the neighborhood are boggy. The effusion of lymph had degenerated into poor pus; there had been at the same time destruction of the tissues.

The reason of this uncommon sequence of such a wound was to be looked for in the woman's blood. The flesh is bad, the blood impoverished, and the other elements of healthy nutrition are wanting.

Mortification is manifested. The pressure of the swelling has crushed the feeble blood vessels, and shut out what little poor blood was circulating in the barrier of lymph interposed, and this swelling extending helps it on.

Treatment.—The remedies have been local and constitutional:

Locally.—A meal and porter poultice, which is a good substitute for the yeast poultice, best for use the day after it is made. This stimulates the blood vessels to increased action, and resists the destructive process.

Constitutional.—Unless fed up there would be no reasonable ground to expect improvement. Huxham's tincture of bark should be given.

Finger Bitten by a Lobster.—The finger of this lad was in the same condition as the wound in the last case. Mortification had followed the bite of a lobster.

The first phalanx was entirely bared, and the metacarpo-phalangeal joint opened.

The head of the metacarpal bone was removed by an operation, and the part enveloped in a poultice. It was impossible to bring the edges together while in a swollen and inflamed condition. Contraction will take place, and they can subsequently be approximated.

Reviews and Book Notices.

LECTURE ON IDIOCY, BY JOHN M. GALT, M. D., Superintendent and Physician of the Eastern Lunatic Asylum of Virginia, at Williamsburg.

There is no nobler mark of the true benevolence of our time, than the attention which is now given that infirmity, which, aside from a purely philanthropic view of it, presents the least attraction to the physician. In regions where the brutal strife of arms is now disgracing humanity, the great mission of the physician and the philanthropist still towers in grandeur above it. At an ethereal height on the Alps is located an institution for the development of the idiot. To this duty has been earnestly devoted the labors of a Swiss physician, to relieve or palliate the condition of the poor cretin. To this excellent gentleman, who is afflicted with the cacophonous name of Guggenbuhl, we are indebted for one of the best institutions of the kind, and for some of the literature of cretinism.

There are, according to Dr. Galt, altogether

about twenty-three institutions for the idiotic. Of these, there are five in this country. Considering the fact that there are in the United States thirty-five thousand idiots, it is evident that comparatively little has yet been done in this extensive field. Other unfortunates, as the deaf mutes, whose numbers are far less, have received more attention and general sympathy.

The earliest writers on the subject of improving the condition of the imbecile, are Itard, in 1807, and Dr. Richard Toole, in 1827. Dr. Galt gives to M. Seguin the credit of founding the present amelioration in the mental treatment of the idiot.

On the susceptibility of the idiot to education, Dr. Galt says: "Idiots we may consider as beings not altogether deprived of psychical faculties, but as endued with them in a mass, on a very diminished scale; and they have hence been spoken of by some as having their faculties in a sleeping state, so latent as to call for external effort to awaken them into action. It is thus, as M. Seguin observes, that knowledge which ordinary children acquire unconsciously, entirely escapes the idiotic, or can only be imparted to them by the aid of some one who will take the pains to instruct and evoke into action their feeble mental powers, by suitably directed and strenuous exertion on his part."

The address contains much that is interesting, on a subject that is deservedly attracting much attention.

The Dental Cosmos.—This is the title of a new dental publication, the successor of the Dental News Letter, which has for several years been published quarterly, in this city, by Messrs. Jones, White & McCurdy. The *Cosmos* is to appear monthly, under the editorial management of the following gentlemen:—J. D. White, M. D., D. D. S., *Original Communications*; J. H. McQuillen, M. D., D. D. S., *Dental Literature and Art*; and George J. Zeigler, M. D., *Medical and General Science, in their relations to Dentistry*.

The first number makes a very creditable appearance. It contains fifty-six pages. is beautifully printed, and the contents are excellent. The subscription price is \$2.50, or \$3 if not paid in advance. We commend the work to the notice of our readers, to many of whom it would be of great value, as they are compelled to practice dentistry.

Editorial.

THE WAILINGS OF HOMŒOPATHY.

The homœopathic variety of quacks met in convention recently at Boston. Some of their grievances are set forth in the following portion of a memorial which was presented:

"It is a well known fact that there are some who rank themselves as homœopaths who at heart are opposed to homœopathy, both theoretically and practically—who ridicule and condemn the teachings and practice of Hahnemann and of his truest and most talented disciples, and who are striving by every available means to merge our heaven-born system into the pernicious mazes of eclecticism and other empirical schools. These enemies of our doctrine, these despisers and slanderers of Hahnemann and his disciples, these open advocates for an amalgamation of homœopathy with empirical systems of the day, these dissenters in our ranks, are sowing their poisonous seeds broadcast throughout the entire nation, and under the garb and designation of 'friends to homœopathy,' are stabbing her at every turn. Witness the tone and tendencies of the leading Homœopathic Quarterly during the past two years! Behold the frequent disparagements of the theory and practice of Hahnemann, and the no less frequent advocacy and adoption of allopathic and anti-pathic measures! Is there a member of this institute who does not recognize the truth of these statements, and appreciate the pernicious tendencies and the anti-homœopathic influence of these eclectics to our ranks? The time has fully arrived when the real friends of the cause must bestir themselves in earnest if they would rescue the young (*infinitesimal*) giant of homœopathy from the contaminating influence of eclecticism."

The articles of their faith seem to be very unsettled and but little adhered to. The system, as it is called, appears to exist in a continued transition state. When the delusion was first imparted, some fanatical looking Germans, who claimed to be genuine homœopaths, treated all disease by presenting to the patients' nostrils what were apparently empty bottles, but which they said contained the highest potential triturations. They claimed as much success then as we hear of now from their more tangible administrations. At last it seems that they are merging into "eclecticism."

This latter will probably prove to be a very

attractive form of empiricism, to both the quack doctor and his dupes, as it can be made complaisant to every one. It will supply an infinitesimal sugared pellet to the whimsical hypochondriac; "yarb tea" for the aching granny; heroic doses for "wurms and grubs in the inards;" and can terrify into the faith all unbelievers, by telling of the horrors of "calomy."

From the report of the proceedings of the convention, the discussions seem quite "*eclectic*." It says that Dr. Guy delivered a lecture on the "Human System." "Dr. Guy proceeded to set forth the causes which led to man's descent from a primeval state of happiness to a state of misery, which ultimates in death, and also to show by analogy the best means for man's ultimate restoration." This must have been a fine specimen of transcendental homœopathy!

A report was read, on "water as a therapeutic agent." We suppose that they advised its administration in extremely small doses, potentially diluted.

After the adjournment they had a feast, and sat down to a table which is said to have looked more "*eclectic*" than *homœopathic*, and some of them tried the "therapeutic effects of water," cautiously diluted with the "ardent."

A toast "to the clergy," was responded to by the Rev. T. Starr King, "who said that one reason why he came here, was curiosity to see how the tables were set. He did not know but that he would be treated to 'mosquito alla-fourchette,' or see 'humming bird for six.'"

But we have already given our readers more than a homœopathic dose of the convention, so *voilà tout*.

IRREGULAR PUBLICATIONS.

We frequently receive copies of irregular publications of various kinds, some of them evidently very solicitous for an exchange, and of notice of any kind at our hands. Once for all, we say to this whole tribe,—homœopaths, hydropaths, "*eclectics*," etc., etc.,—that they burden the mails to no purpose, as we have no time to spend on the frivolities, misrepresentation, and nonsense, with which we

find their pages filled, and do not by any means consider their publications an equivalent for ours. If they wish the REPORTER, our subscription books are open, and they can subscribe to it on the same terms that others do.

We perceive, however, from quotations and acknowledgments in most of these publications, that some of our cotemporaries exchange with, and thus countenance them. This, in our view, is no better than consulting with irregular practitioners, and the practice should be discontinued, as degrading to our periodical medical literature, and as calculated to give this class of publications an assurance before the public that their position and value does not warrant. Our hostility to every species of quackery should be uncompromising, and we hope our cotemporaries who have laid themselves open to the above strictures, will reconsider their acts, and hereafter refuse to accept these irregular publications as an equivalent for their own. Nearly every item of real merit that is found in them is filched from the labors of honorable and upright votaries of our science, and if these sources of information were denied them, they would soon perish from inanition.

Correspondence.

Philadelphia, July 28, 1859.

DRS. BUTLER & LEVISON.

An editorial on "The National Dental Convention," in the last number of your journal, contained strictures that the writer certainly would not have indulged in, if he had been thoroughly informed on the subject. Desiring to remove any erroneous impressions that may be entertained with regard to the movement, you will oblige me by affording sufficient space in your columns for a brief explanation.

A body called the "American Dental Convention," possessing neither constitution, by-laws, or qualifications for membership, has met annually in different cities of the Union during the past four years. At the last session, held in Cincinnati in 1858, it was determined to meet at Niagara Falls on the 2d of August, 1859. In the mean time a portion of the profession—feeling that the Convention had failed to answer the demands of the

age—signed a memorial stating that “the undersigned, practitioners of dentistry, believing that a National Association of Dentists, composed of delegates from State, County and Local Societies, and Dental Colleges, would be calculated to promote the best interests of the profession, respectfully suggest to the Dental Societies and Colleges throughout the country, the propriety of electing delegates to meet in convention at the Falls of Niagara on the *first Wednesday* of August, 1859, for the purpose of forming, if the assembled delegates shall deem it expedient, a National Association upon a representative basis. Acting upon the suggestion contained in the memorial (though the number is quite limited as yet) nearly all of the organizations have elected representatives to the proposed convention. It may not succeed, but an effort will be made. As the object of the movement is to elevate the character and dignity of the profession, and advance Dental Science and Art; it is a matter of regret that your journal—devoted as it is to the advancement of the interests of a liberal profession—should propagate a ridiculous and unauthenticated newspaper report.

A SUBSCRIBER.

Madison, Ind., July 26, 1859.

EDS. MED. AND SURG. REPORTER.

In reply to a foot note by the editors in the REPORTER of July 16th, under an article on “*Pigmentum Album in some Cutaneous Maladies*,” permit me to say that I have never “recommended” the white paint in burns.

Some years ago, through the *Western Lancet*, I endeavored to call the attention of Physicians to the importance of using no other dressing in any sort of a burn, than linseed oil and cotton, and never removing it until the burn was cured; and I gave striking illustrations. Accident led me, nearly twenty years ago, to adopt the practice, and every year confirms me in the belief that no other dressing is ever needed: nor, having tried every other which was worthy of notice, including white lead, have I used any other which was nearly so good. In hundreds of cases, from the slightest that can occur to the most severe, produced by almost everything that can scald or burn, I have used the linseed oil and cotton, and in but a very small number, not one in a hundred, have I found it necessary to change the dressing at all; only where suppuration was very profuse and the smell very offensive: a very severe case might, on this account, after a week or ten days, require the dressing to be changed.

My reasons for pressing this course are, that all burns are extremely painful for some hours after having been dressed; the more frequently they are dressed, the more protracted is the case; and when cured by *one dressing*, there is seldom, if ever, any scar. The plan was suggested to me by reading in an old, now almost obsolete work on surgery, “The inflammation of superficial burns, (and why not deep ones? C,) *has a natural tendency to resolution*, and as this happens under the influence of both hot and cold applications, one is almost inclined to believe *that nature*, in effecting the cure of *most* cases of superficial burns, (and why not *all* cases and *deep* ones? C,) *needs but little assistance from art*; and that whatever degree of credit practitioners may take to themselves *for the spontaneous results*, which occur under different modes of treatment, *the cure in reality, ought to be ascribed to nature*.” The restorative powers of Nature, properly watched over, aided and directed by the physician, are adequate to the cure of nearly all maladies: but it is in accidents as burns, occurring, for the most part, on persons in perfect health, that she displays her powers in the most magnificent manner.

I re-assert, that up to the present time, no dressing has been used for burns, that is better than oil and cotton; probably none so good; and that in nearly all cases, *but one application is required*.

The *Pigmentum Album* was tried on burns many years ago, in the Cincinnati Hospital, by Dr. Drake, and he, or some one, reported that symptoms of lead-poisoning resulted from its use.

T. J. COGLEY.

Medical News.

The *Iowa State Medical Society* met at Davenport on the 15th of June. The proceedings were very interesting, and valuable papers were read on different subjects by various members. One on the medical properties of Chlorate of Potash, by Dr. E. J. Fountain, of Davenport, (since published in the *New York Journal of Medicine*), and one on the Topography, Natural History and Climate of Iowa, are worthy of especial mention. We trust that the proceedings will be published in full.

The following officers were elected: President, Dr. Egbert S. Barrows; Vice-President, George Reeder; Recording Secretary, Allen

Phillips; Corresponding Secretary, Oliver George; Treasurer, M. B. Cochran; Censors, Ezra J. Fountain, D. L. McGugin, R. S. Lewis, A. W. McClure, J. S. Dimmitt.

The death from Chloroform reported to have recently occurred at the Bellevue Hospital, New York, cannot, it seems, be fairly attributable to it. The patient, an intoxicated woman, was admitted, suffering from burns occasioned by her clothes taking fire, and had at the same time a dislocated shoulder. Death occurred before much chloroform had been inhaled.

The verdict of the Coroner's jury was "death from secondary meningitis, probably hastened by the administration of chloroform during a surgical operation."

The American Pharmaceutical Association will hold its eighth annual meeting in the hall of the Massachusetts College of Pharmacy, in the city of Boston, on the 13th of September next.

Extra-Mural Interments.—In the Greenwood Cemetery, near New York, which was founded in 1840, more than sixty-nine thousand bodies have been deposited.

Embryology.—*The N. Y. Med. Press* says: "Another new Medical School is in embryo for New York. We have not heard for certain, the names of the projectors."

New York has already so many schools which still exist in the embryo state that we cannot but hope that this embryo will prove to be a "false conception" of our cotemporary.

Honors to Humboldt in Mexico.—The Constitutional Government of Mexico has, by special decree, honored the memory and recognized the great services of Baron Humboldt, through his travels and studies therein, by declaring him "bene merito" of the republic, and ordering, on account of the national treasury, a life-sized statue of the deceased traveler and naturalist. The statue is to be of Italian marble, and placed, with suitable inscriptions, in the Mining College of the city of Mexico.

Dr. Thos. D. Warren, of North Carolina, has renewed his offer of a hundred dollar prize for the best essay on some medical subject, to be competed for by the members of the graduating class of the Medical College of Virginia.

A Woman has been arrested in Baltimore for a horrible traffic in human bones, obtained from grave yards and offered for sale at a bone factory in Old Town. This traffic in human bones is no new thing. The bones that lay bleaching on the field of Waterloo, were, we believe, long ago gathered up, ground to powder, and used for manuring the crops of England. The same will very likely be true of the more recent battle-fields of Magenta and Solferino. Thus the poor, "brave soldier," while he fights the battles of his country, enriches its soil with his blood, and his very bones furnish phosphate of lime to manure the crops of his native land—and all for glory!

Quackery Canonized!—We see it stated that one of the numerous colleges, which at this season of the year are generally in labor with the pangs of title-birth, has bestowed on "Dr. David Jayne," of this city, (better known by another title he bears, "P. Q."—Prince of Quacks!) the honorary degree of LL. D.!! Now then, let all the LL. D's. of our land hide their diminished heads! When we studied the "abbreviation table," we remember that it was thumped into our noddle that LL. D. meant "Doctor of Laws." But learning has made such progress of late years, that it certainly must be that we have lagged behind the age, and that these cabalistic signs convey some meaning that we are ignorant of. We will not attempt to fathom it—yes, it flashes through our slow brain like a spark struck from a flint by a jack-knife—LL. D., Light and Liver Doctor!! David Jayne, M. D., LL. D., quack medicine maker, has a mighty long purse, and the college is low in funds! This accounts for it all.

We learn from the *American Med. Monthly*, that at the annual meeting of the Rhode Island Medical Society on the 1st of June, the trustees of the Fiske prize fund awarded a prize of \$200 to Dr. John Bell, of New York, for an Essay on the effect of the use of alcoholic liquors in Tubercular disease, or in constitutions predisposed to such disease.

The Trustees propose the following subjects for 1860, for the best dissertation on either of which they will pay the sum of one hundred dollars:

1st. *Diphtheria; its Nature and Treatment, with an account of the History of its Prevalence in Different countries.*

2d. *The Morbid Effects of Retention in the Blood of the Elements of Urinary Secretion.*

NATHAN STARKEY,

MANUFACTURER OF

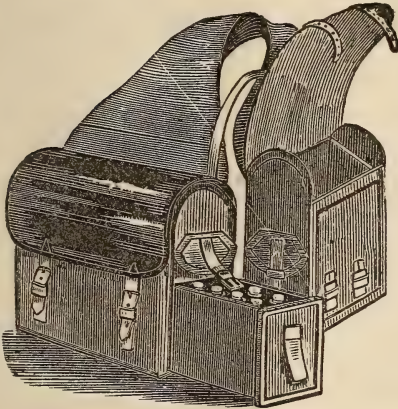
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11 " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
" 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 " "	19 00
No. 3, " 48 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " "	8 50
No. 8, " 15 " " " " "	6 50
No. 9, " 14 " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of these Baths in all the principal cities of Europe, and the desire which has been so constantly expressed by the profession, to have a place, containing the necessary apparatus and attention—has induced the subscriber to open an establishment for their especial administration at No. 1121 Spruce street. The institution has received the highest approval and entire sanction of the most eminent practitioners of this city and New York. Such arrangements have been made, that separate Reception and Bath Rooms, and appropriate attendance, is to be given to the different sexes, and every other privacy, convenience and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly welcomed, and every explanation as to the working and application of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths applied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

139

No. 1121 Spruce street.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.

Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.

H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.

Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.

Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.

S. Littell, M. D., Surgeon Will's Hospital.

E. Hartshorne, M. D., " "

A. Hewson, M. D., " "

D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.

R. J. Levis, M. D., " "

Isaac Hays, M. D., " "

P. B. Goddard, M. D., " "

NOW IN PRESS, AND TO BE SOON ISSUED,

A NEW

MEDICO-LEGAL TREATISE

ON

MALPRACTICE

AND

MEDICAL EVIDENCE,

CONSTITUTING THE

ELEMENTS OF MEDICAL JURISPRUDENCE.

~~~~~  
**BY JOHN J. ELWELL, M. D.,**

MEMBER OF THE CLEVELAND BAR, PROFESSOR OF CRIMINAL AND MEDICAL JURISPRUDENCE AND  
TESTAMENTARY LAW, IN THE OHIO STATE AND UNION LAW COLLEGE, AND  
ONE OF THE EDITORS OF THE WESTERN LAW MONTHLY.

~~~~~  
Large 8vo. Stereotyped Edition, Printed on the First Quality of Book Paper, Manufactured expressly for
the work, and bound in the best Law and Medical Sheep. Price \$5.

JOHN S. VOORHIES,

No. 20 Nassau Street, New York.

Sent by mail, postage paid, on receipt of price. Address the Author, at Cleveland, or Publisher at New York.

~~~~~  
There is no work devoted to these very important subjects, though greatly needed by both the professions of Medicine and Law. The existing works on Medical Jurisprudence, valuable as they may be in other respects, do not even allude to the important and deeply interesting subject of MALPRACTICE; vital as it is to Medical Men. Nor is there anything definite upon this subject within the whole range of legal literature, except as it is found scattered throughout the vast range of law Reports. The physician or surgeon, therefore, can no where lay his hand upon a treatise that will clearly and fully define his rights, duties, and responsibilities as a professional man. Every medical man, may, and should, understand clearly his legal liabilities. If he does not, he is at the mercy of enemies, ignorant and mercenary patients and their friends.

Lawyers also complain because the subject of Malpractice is in so much confusion. In no class of cases do they have so much trouble in preparing their cases as in these, because the matter belongs to another science, and their authorities upon it are to be gathered by great labor from their Reports.

The MEDICAL WITNESS should so thoroughly understand his rights, duties, and the importance of his position, as to be able to appear upon the stand unembarrassed, and with honor to himself and to his profession.

MEDICAL EVIDENCE also to the attorney, is completely buried beneath useless discussions of medical questions and theories foreign to the subject, as treated in most works on Medical Jurisprudence. Anomalous and unusual cases, are of no practical value to the attorney, and useless to the physician. The attorney cannot use these cases, and therefore discussions upon them, only confuse and disgust him, while they are worthless to the medical man, because he has the same matter in a better shape in his elementary works on Medicine and Surgery.

In this treatise the author has endeavored to set forth for the use of the attorney, and the physician and surgeon, what is settled and authority in both professions, upon MALPRACTICE and MEDICAL EVIDENCE, stripped of everything else—illustrating the matter fully by the leading adjudicated cases. He has been assisted essentially by Judge HAYDEN, of the Law School, and Prof. THAYER and CASSELS of the Medical College.

## ~~~~~ PLAN OF THE WORK.

1. The general principles of law, defining the duties and liabilities of medical men, with copious references to legal works. 2. The inherent elementary impossibilities of the science of medicine, for which the medical man should not be held responsible. 3. What can and should be accomplished by the Physician or Surgeon in Amputations, Fractures, Dislocations, &c., out of which grow most of the cases of alleged Malpractice. 4. The leading adjudicated cases upon these subjects. 5. A Digest of Prof. Hamilton's cases on Deformities after Fracture. 6. Liabilities of Druggists—leading adjudicated cases. 7. Statutory Laws relating to Physicians and Surgeons. 8. Criminal Malpractice, with adjudicated cases. 9. Abortion—cases. 10. Medical Fees. 11. Evidence in general. 12. Medical men as experts. Medical Evidence—its history. 13. Circumstantial Evidence. 14. Experts—their testimony generally. 15. Medical Books as evidence. 16. Insanity treated at length, with leading cases. 17. Infanticide—cases. 18. Rape—cases—the Beale case. 19. Poisoning—with Arsenic and Strychnia in particular, with leading cases. 20. Identity—the Webster case. 22. Coroner's and Post Mortem examinations. 23. Other cases where the medical witness must apply the elements of Medical Jurisprudence.

# PROSPECTUS

OF THE

## MEDICAL AND SURGICAL REPORTER.

THIS Journal, for many years favorably known as a Monthly, was changed to a Weekly on the 1st of October, 1858.

Its aim will be, as heretofore, to *serve the Profession*,—especially in its organized capacity—without fear or favor, and entirely untrammelled by outside connections, under the following departments:—

1. Original Lectures on Special Departments of Medicine and Surgery;
2. Original Communications;
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and Schools of this and other cities;
4. Reports of papers read, and discussions had before Medical Societies;
5. Brief Reviews and Notices of Books;
6. Editorials;
7. Correspondence;
8. A Weekly Domestic and Foreign Periscope;
9. Medical News—including Marriages and Deaths of Physicians, or in their immediate families.

Nothing which our means can command, shall be spared to make the REPORTER an able and acceptable exponent of American Medicine and Surgery. To this end we solicit an earnest and hearty literary and pecuniary support.

**SIZE.**—The REPORTER will be issued on Saturday morning of each week, each number consisting of sixteen pages of super-royal octavo size, (somewhat larger than the page of Harper's Monthly). THE REPORTER IS ONE OF THE CHEAPEST MEDICAL JOURNALS PUBLISHED in this or any other country.

**PRICE AND TERMS.**—The subscription price is \$3 00 *in advance*; single copies, *ten cents*. The REPORTER will only be sent to those who pay for it. *Notice will be given to subscribers at the termination of their subscriptions.* Those who desire can subscribe for one or two-thirds of a year. Current paper, gold dollars or postage stamps received in payment.

Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and Deaths of Physicians, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D.,  
R. J. LEVINS, M. D., } Editors.

Single copies can be obtained and subscriptions made, at Lindsay & Blakiston's Medical Book Store, No. 25 South Sixth Street, above Chestnut.

## HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

By N. S. DAVIS, M. D., of Chicago, edited by S. W. BUTLER, M. D.

This important work contains a full history of the incipient steps taken in the organization of the Association, and of the first ten years of its existence. It contains, also, biographies and STEEL ENGRAVED PORTRAITS of the Presidents of the Association, and of the author nine in number, as follows: Drs. Jonathan Knight of New Haven, Nathaniel Chapman of Philadelphia, A. H. Stevens of New York, John C. Warren of Boston, R. D. Mussey of Cincinnati, James Moultrie of Charleston, B. R. Wellford of Richmond, C. A. Pope of St. Louis, and N. S. Davis of Chicago.

Full bound in muslin, price \$1 00, or \$1 25 by mail. Address S. W. BUTLER, M. D., Philadelphia, Pa. 130

## THE MEDICAL AND SURGICAL REPORTER:

MONTHLY SERIES.

We can make up several sets of the monthly series of the REPORTER, with the exception of the first volume. Without that there are *ten volumes*, and they contain a very large amount of practical information, besides a large number of *steel engraved portraits* of distinguished members of the profession in different parts of the country, and other illustrations.

Price—\$1 per volume. Address S. W. Butler, M. D., Philadelphia, Pa.

## J. M. MIGEOD,

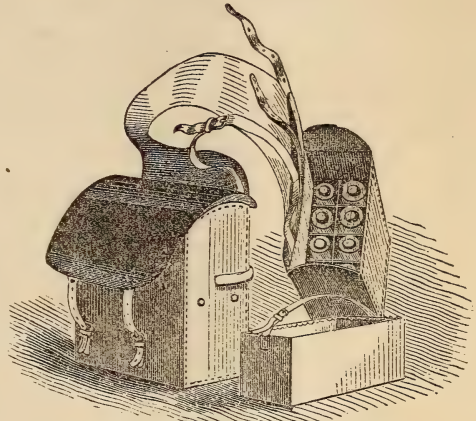
MANUFACTURER OF

## MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



*Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.*

|                   |                                   |        |
|-------------------|-----------------------------------|--------|
| No. 1, containing | 12 1 oz. Ground Stop. Bottles and |        |
|                   | 12 1/2 oz. " " " and              | \$9 50 |
| No. 2, containing | 10 1 oz. " " " and                | 8 50   |
|                   | 10 1/2 oz. " " " and              | 7 50   |
| No. 3, containing | 8 1 oz. " " " and                 |        |
|                   | 8 1/2 oz. " " " and               |        |

*Box Pattern, with Trays to Lift Out.*

|                   |                                |         |
|-------------------|--------------------------------|---------|
| No. 4, containing | 24 1 oz. Ground Stop. Bottles, | \$10 50 |
| No. 5, " "        | 20 1 oz. " " " "               | 9 50    |
| No. 6, " "        | 16 1 oz. " " " "               | 8 50    |

*Pattern with Drawers in Ends.*

|                   |                                |         |
|-------------------|--------------------------------|---------|
| No. 7, containing | 24 1 oz. Ground Stop. Bottles, | \$10 50 |
| No. 8, " "        | 20 1 oz. " " " "               | 9 50    |
| No. 9, " "        | 16 1 oz. " " " "               | 8 50    |

*Flat Top Medicine Trunks, made of Russet Bridle Leather.*

|                   |                                       |         |
|-------------------|---------------------------------------|---------|
| No. 1, containing | 27 1 oz. Ground Stop. Bottles,        |         |
| " " "             | 18 1/2 oz. " " " and                  |         |
| " " "             | 1 Mortar, " " " and                   | \$19 00 |
| No. 2, containing | 21 1 oz. Ground Stop. Bottles,        |         |
| " " "             | 14 1/2 oz. " " " and                  |         |
| " " "             | 1 Mortar, " " " and                   | \$15 50 |
| No. 3, containing | 18 1 oz. Ground Stop. Bottles,        |         |
| " " "             | 10 1/2 oz. " " " and                  |         |
| " " "             | 4 Pots, " " " and                     | \$12 00 |
| No. 4, containing | 20 1 1/2 oz. Ground Stop. Bottles and |         |
| " " "             | 2 Pots, " " " and                     | \$8 50  |
| No. 5, containing | 15 1 oz. Ground Stop. Bottles,        | \$6 50  |

*Round Top Medicine Trunk, Made of Russet Bridle Leather.*

|                   |                                   |         |
|-------------------|-----------------------------------|---------|
| No. 1, containing | 9 1 1/2 oz. Ground Stop. Bottles, |         |
| " " "             | 18 1 oz. " " " and                |         |
| " " "             | 18 1/2 oz. " " " and              |         |
| " " "             | 4 Pots, " " " and                 | \$20 00 |
| " " "             | 1 Mortar, " " " and               |         |
| No. 2, containing | 7 1 1/2 oz. Ground Stop. Bottles, |         |
| " " "             | 14 1 oz. " " " and                |         |
| " " "             | 14 1/2 oz. " " " and              |         |
| " " "             | 4 Pots, " " " and                 | \$16 50 |
| " " "             | 1 Mortar, " " " and               |         |
| No. 3, containing | 14 1 oz. Ground Stop. Bottles,    |         |
| " " "             | 14 1/2 oz. " " " and              | \$13 00 |
| " " "             | 4 Pots, " " " and                 | 126 y   |





**T**HE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

## DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,  
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

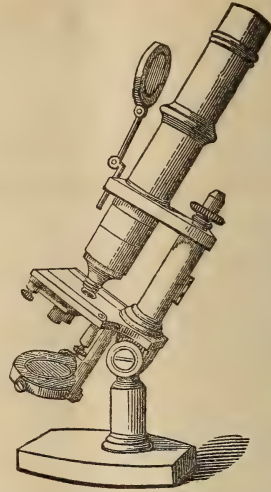
**TRUSSES,**  
**ABDOMINAL SUPPORTERS,**  
**Shoulder Braces,**  
**LACE AND ELASTIC STOCKINGS,**  
**SPINAL APPARATUS,**  
**AND INSTRUMENTS FOR ALL DEFORMITIES.**

His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

## MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—1y

JAMES W. QUEEN & CO, OPTICIANS,  
924 Chestnut St., near Tenth, Phila

## PHILADELPHIA SURGEONS' BANDAGE

INSTITUTE,

(PATRONIZED BY THE MEDICAL FACULTY.)

No. 14, (late 4) North Ninth Street.

West side, the Sixth Store above Market,

B. C. EVERETT, Principal,

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett 126-y.

## COLLECTING AGENCY.

THE undersigned will attend to the collection of Physicians' and Dentists' Accounts, House Rents, &c.

WM. M. DICKSON,

Agent for "Druggists' Circular," N. Y.; and Med. and Surgical Reporter, Philada., &c., &c. Address Box 82, Philada.

# THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }  
NO. 147.

PHILADELPHIA, AUGUST 13, 1859.

{ NEW SERIES,  
VOL. II. NO. 20.

## Original Communications.

### Erysipelas.

By J. R. McCLURG, M. D.,  
of Philadelphia.

Erysipelas is not essentially a disease of the skin, but a persistent, morbid inflammation, liable to attack any and every part of the surface, and never having for its object, like healthy inflammation, the reparation of injured tissues, but always their modification or destruction, affecting alike childhood and old age, and having prominent among its distinctive symptoms a peculiar ambulatory or erratic disposition. It has received many names, and notwithstanding its uniform character, has been divided by authors into many varieties, sub-varieties, and local sub-varieties, nearly all of which are quite unnecessary, and only calculated to render the study of this disease more complex. We find, for instance, the "erysipelas ambulans" of La Motte; the "universal erysipelas" of Hoffmann; the "true and phlegmonoid" of Biett and Cazenave; the "simple phlegmonous and oedematous" of Alibert and Rayer; the "phlegmonous, oedematous, gangrenous and erratic" of Willan and Bateman; the "phlegmonous, bilious and local" of Desault; the "simple phlegmonous, oedematous, bilious, erratic and periodic," of Pirrie, and the division of Mr. Laurence into—1st, Erythema; 2nd, Simple Erysipelas; 3rd, Oedematous Erysipelas; 4th, Phlegmonous Erysipelas.

With a remarkably successful experience in the treatment of over seven hundred cases of erysipelas, may I ask the privilege of briefly placing before the readers of the REPORTER my division, and treatment of this disease. When

the skin alone is affected, which is often the case, there can be no better or more appropriate name for it than cutaneous erysipelas, for it not only expresses the disease but its seat and extent, so far as organ or tissue is implicated. So also in the severer form, when the inflammation extends deeper and affects the subcutaneous areolar tissue in conjunction with the skin, the very best name, in my opinion, is areolo-cutaneous erysipelas. But we often meet with this disease in a still severer form, in which the inflammation attacks and diffuses itself over the serous membranes, producing the most disastrous consequences or implicating the superficial and the deep fasciæ and the intermuscular areolar tissue, producing not only suppuration and sphacelation of these tissues, but softening and destruction of the very muscles and blood vessels. For this most serious form, I would propose the name of malignant erysipelas, as more appropriate in every way than phlegmonous, a term which has been and continues to be applied by most authors, indiscriminately to all those cases in which the disease affects the subcutaneous structures. I will then divide this disease into,

- 1st, Cutaneous Erysipelas;
- 2nd, Areolo-Cutaneous Erysipelas;
- 3rd, Malignant Erysipelas;

with the full assurance in my mind, that this division although simple, is sufficiently comprehensive to embrace every shade and condition of this very common and often most fatal disease.

The *cutaneous* is the most simple and most frequent form in which this inflammation is met with by the general practitioner, and is readily distinguished by a vivid blush or redness of the skin, disappearing momentarily



on pressure, and generally having a sharp, well defined border, slightly elevated, while in a few instances the redness gradually fades into the surrounding healthy integument. The inflammation is very liable to extend itself rapidly over a large extent of surface, producing a slight elevation of the cuticle on account of the congested condition of the capillaries of the rete mucosum. In some cases the swelling is augmented, especially if the chorion be highly inflamed, and depends more upon an effusion of serum beneath the skin than upon its thickened condition. There is always a burning, tingling and itching sensation, but never that throbbing pain characteristic of the other varieties of this disease. Sometimes the skin is smooth, very red and shining, while in other cases the whole inflamed surface is covered with a crop of vesicles or perhaps bullæ of considerable size, which soon burst and discharge their serous accumulation. The redness and inflammation continue three or four days on the part where they first appear, then speedily decline, but the disease may have advanced to some other part—and particularly is this the case if the head and face be implicated—which pass through the same stages of increment and decline. But in cutaneous erysipelas it is the acute character of the inflammation, the seat and extent of surface involved, and its metastatic disposition, which contribute to its intensity and importance. But it is well to remember that the local symptoms of cutaneous erysipelas are always preceded by some systemic derangement, and generally mild or severe in consonance with the local,—such as languor, chilliness succeeded by heat and fever, headache, pain in the back and extremities, foul tongue, frequently sore throat, hard, quick pulse, dry skin and high colored urine. Cutaneous erysipelas, especially of an idiopathic origin, always terminates in resolution and never in suppuration, about the tenth day, with desquamation of the epiderma, leaving the skin for some days afterwards hypertrophied and discolored.

In *areola cutaneous erysipelas* we have not only a morbid inflammation of the cutaneous

surface, but also of the sub-cutaneous areolar tissue, and as a consequence both the local and constitutional symptoms are much more severe and of longer duration. The invasion of the system is the same as in cutaneous erysipelas, but there is generally more bilious derangement, nausea and vomiting, headache, and perhaps slight delirium, high fever of a persistent character, and sometimes stupor or coma. The skin is of a dusky or purple color, and the finger leaves a pale depression which sluggishly disappears when the pressure is removed. The swelling is sometimes considerable, particularly when located about the head and face, and the eyes are often closed entirely for three or four days, after which time the swelling begins to subside, and gradually terminates, in a few days, in either resolution, if properly treated in the early stage, or, as is very often the case, in suppuration. This variety, like the cutaneous, may occur on any part of the body, but more frequently attacks the extremities, head and face, the mammæ, the axilla, and the umbilical and perineal regions.

Our third variety, *malignant erysipelas*, is unquestionably one of the most serious diseases with which the physician has to contend; the suffering of the patient often being intense agony, and the result most deplorable, for there is no doubt in my mind but that most fearful disease *puerperal fever* is nothing more nor less than malignant erysipelas. My experience with this disease has indelibly stamped this fact upon my mind, although I am aware that the identity of erysipelas and puerperal fever is generally denied by the profession; and Professor Meigs, for whom I have the deepest reverence, says, “erysipelas is a disease of the skin; I have no doubt that erysipelas is always an inflammation of the capillaries of the skin; it is always an angioleucite; and although it is occasionally found to descend into the tissues lying beneath the skin, converting itself into what is called œdematous erysipelas, and perpetrating the most direful mischief in the cellular and adipose structures there, it is essentially a dermal disease, and can only affect the dermal

structure. You might as well say that a woman has an iritis of her pylorus, which would be absolute nonsense, since no such tissue exists there, as to say that she has an erysipelas of the serous lining of her belly." He also says, upon the same page—"There is not, and cannot be any identity between erysipelas, a dermal disease, and the deadly inflammation of the peritoneum observed in lying-in women; notwithstanding there may be some coincidence in the causes which, in the first case, render surgical patients liable to erysipelas; or in the other, lying-in women to the attacks of child-bed fever." Now, I do most firmly contend, that erysipelas is *not essentially a disease of the skin*, but that it is a morbid inflammation, liable to attack not only the skin, but every other tissue and organ of the body; the great serous lining of the belly, the peritoneum, and the pericardium and arachnoid being by no means exempt.

Dr. Geo. McClellan, in speaking of erysipelas, says: "The inflammation does not commence superficially, and extend downwards by a contiguous sympathy, but all the tissues are simultaneously affected, from the cuticle down to the subjacent fasciæ, and sometimes even to the muscles. Hence, the swelling increases very rapidly, and eventually becomes enormous, and almost always uniform around the limb." When healthy inflammation attacks the serous membranes, they always set up a process of adhesion around the borders of the inflamed part, and by cementing the opposing surfaces together, circumscribes the disease, and often precludes the possibility of effusion. But in erysipelas, the inflammation is widely diffused, spreads rapidly over the serous surfaces, large effusions of serum are poured into the cavities, and infiltrations take place in the cellular tissue,—the powers of life are rapidly overcome, and death is the inevitable consequence. When erysipelas follows the agonies of child-bearing, it doubtless begins in the uterus, involving its whole tissues, then diffusing itself over the peritoneum, or perhaps traveling from the cavity of the uterus, along the blood vessels, into the abdomen, there to produce its fearful consequences.

But Professor Meigs says: "You had better say, therefore, that the disease is not erysipelas, but that when erysipelas is epidemic, or endemical, the persons who are to be confined, ought to take special care of themselves, since any intemperies of the air giving a tendency to erysipelatous inflammation, exposes the accouché to attacks of puerperal inflammation." In my opinion there should be no better evidence demanded of the identity of malignant erysipelas and puerperal inflammation, then that they go hand in hand together, their symptoms and pathology being in every respect the same, and from the fact, that even the infant is often attacked with erysipelas, commencing at the umbilicus, and perishes while the mother is suffering from an attack of puerperal fever. But as my space is limited, I must refer the reader for the symptoms of malignant erysipelas following child-birth, to the works upon puerperal fever.

When this disease attacks a limb, or other external parts of the body, the invasion is always sudden, the suffering of the patient soon becomes intense, the fever at first very violent soon becomes of a typhoid character; the countenance of the patient is wild and haggard, the tongue dry and brown, the teeth covered with dark sordes, the pulse very frequent and thread like, great restlessness, subsultus tendinum, diarrhoea, and in unfavorable cases copious perspiration, coma, jaundice and death. In many cases of malignant erysipelas, the skin, although very greatly distended, with vast effusions into the cellular tissue, or extensive suppuration which takes place in the deeper structures, is often but very little diseased. The intense pain and suffering of the patient, in a measure subside after suppuration takes place, and the system soon manifests symptoms of great prostration. Malignant erysipelas *never terminates in resolution*, unless the most prompt and decided medical treatment be used in the very beginning of the attack, but, always in extensive infiltration, suppuration and sphacelation of the tissues affected.

*Treatment.*—I would repeat at this place what I have already intimated, that in every



instance in which we find the least possible tinge of erysipelas upon the mucous, cutaneous or sub-dermal tissues, we have constitutional symptoms demanding treatment primarily and more decidedly than the local, for upon the constitutional treatment of erysipelas depends the physician's success. I am in the habit, when called to see a case of cutaneous erysipelas, especially if there be symptoms of bilious derangement, which is generally the case, of prescribing an emetic of sulphate of zinc, or tartar emetic, followed soon with blue pill, and afterwards by a full dose of epsom salts and magnesia. This course generally checks the fever and inflammation, relieves the nausea and headache, and renders the patient quite comfortable. It is sometimes necessary, however, where there is a torpid condition of the liver, to continue the blue pill each night for some time, followed by the salts and magnesia in the morning. If the inflammation and fever should prove active and persistent, it must be subdued by spirits of nitric ether, tartar emetic, and the nitrate of potassa. Ice, cold water, the neutral mixture, and cold lemonade are admissible in all cases, after the second or third day's treatment, sometimes sooner. I always use some tonic medicine, and my favorite prescription, and the one I uniformly use in all cases of erysipelas, of whatever form or character, as soon as the system is prepared for it, is

R. Spiritus ætheris nitrici, f℥ij.  
Tinctura ferri sesquichloridi, f℥ij.  
Quinæ sulphatis, gr. xvj.

Misce et S. Take a teaspoonful every three hours.

This constitutional treatment, I have found very successful in my hands, and desire nothing better, therefore will not take up space and time with other remedies. The local treatment of cutaneous erysipelas, which is always of secondary importance, may consist of lotions of sulphate of zinc, subacetate of lead, sulph. ferri, Velpeau's wash, poultices of pulv. slippery elm bark, the tincture of iodine or a strong solution of nitrate of silver penciled over the inflamed surface. For mild cases, I always use a strong lotion of the

sulph. zinci ℥j to aqua font. Oj, but if the case be violent, after having wet the part with cold water, I pass a stick of the argenti nitratus, slowly over the whole inflamed surface, and then cover the part with a poultice of powdered elm bark mixed with cold water. If the mucous membrane of the mouth and throat be affected with the disease, the constitutional treatment must be the same as above, and the following is my favorite lotion :

R. Aqua rosæ, f℥j.  
Argenti nitratis, ℥ij.

Misce et S. Apply with a soft sponge to the inflamed part.

The constitutional treatment of areola cutaneous erysipelas, is in every respect similar to that already given above, for the cutaneous form, but in the majority of cases must be premised by general blood-letting. Indeed if the case be violent, blood-letting is absolutely required in the early stage, to insure success. But let me illustrate my plan of treatment with a single case. I was called upon to visit Mr. B——, a stout, healthy man, of about thirty-five years, whom I found with violent fever, eyes red and inflamed, the tongue thickly coated, severe headache, pulse full, strong, and 90 per minute. He complained of his neck being very stiff and exceedingly painful, which I found very greatly swollen on the back part, from the third dorsal vertebra to the top of the head; and in front from three inches below the clavicle to the chin. The skin was of a dusky, purple color, and the swelling was hard and tense, with pain which he describes as of a severe, burning and pulsating character which it appeared impossible for him to endure. I had no difficulty in recognizing this to be a very severe case of areolocutaneous erysipelas, demanding prompt and decided treatment to prevent extensive suppuration. I consequently, bled him very freely from the arm while sitting in his chair, and he fainted after the arm was bound up. I gave him, one hour after the bleeding, a powder composed of calomel grs. xv., ipecac. grs. v., and nitrate of potash grs. v., which was followed in four hours by a dose of salts and magnesia, which operated upon the bowels

very freely. The patient received from this treatment the most decided relief, and upon visiting him the following morning, found him very comfortable, the fever and inflammation almost entirely subdued, and the swelling very much reduced. I now gave him the iron, quinine and nitre prescription, with twenty-five drops of Tilden's veratrum viride per day, and he was perfectly well in ten days. I treat every case of cellul- or areolo-cutaneous erysipelas in this way, and have never, in a single instance had cause to regret it. Topical treatment is of but very little advantage in this form of erysipelas, but after the inflammatory stage has subsided, we frequently find some swelling and hardness to remain in the affected part, from an effusion into the sub-dermal tissues, and I have found nothing so efficient to promote its removal, as a plaster of ceratum hydrarg. compos. and roller. I would urge the necessity of a decided antiphlogistic treatment in the *early stage* of areolo-cutaneous erysipelas, for it is *only* then that it is at all admissible in any form of erysipelas.

In *malignant erysipelas* the very life of the patient depends often, upon free and repeated blood-letting; and we must not refrain from it, even if we find the pulse small and thread-like, for this is its usual condition in this disease, and depends not on debility, but because the pulse—the very heart is depressed by the disease, and the pulse must be unlocked by free depletion, before any remedy can act favorably upon the disease. I have repeatedly found in puerperal cases of erysipelas, the pulse at first, like a small, tense cord, gradually soften and expand, until it became free and normal, while the blood was flowing from the arm. So it is in every other case of malignant erysipelas, the pulse and heart must be set free, in the *early stage*, medicine is not powerful enough to do it, and if we refrain from the use of the lancet, which is every way sufficient, they will sooner or later relieve themselves, by pouring out vast, serous effusions into the cavities or areolar structure, which inevitably destroys the patient. Then blood letting must be our great preliminary, calomel, tartar emetic, Dover's powder, and

veratrum viride our secondary, and iron, quinine and wine our tertiary remedies for malignant erysipelas of every locality.

Some years since I was sent for to visit, some miles distant, Mr. N., a millwright by occupation, aged about forty-five years, whom I found laboring under an attack of malignant erysipelas of the leg. The whole limb was very greatly swollen from the foot to the groin, and the inflammation was quite visible up to the umbilicus, but the swelling did not extend above Poupart's ligament. The fever and inflammation were very violent, and the whole appearance of the patient indicated extreme suffering. I bled him very freely from the arm, even to syncope, purged him with calomel, salts and magnesia, controlled his pulse with veratrum viride, gave him Dover's powder at bed time, and every three hours a dose of my iron, quinine, and spirits of nitre mixture, and the termination of the case was in a most favorable manner. There however remained for a number of days a hard ridge, as broad as the hand and apparently two inches thick, upon the inside aspect of the thigh, from the knee to the groin, produced by a large effusion of serum and infiltration into the cellular structure prior to the bleeding of the patient, which would ultimately have terminated in suppuration and sphacelation of areolar tissue.

But if we do not bleed the patient in the *very early stage* of this disease, we cannot do it at all, because the inflammation is of such a violent character as to soon destroy the tissues implicated; vast effusions take place, the powers of life are depressed, and the system is to all intent and purpose in a typhoid condition, and must be treated as a case of typhoid fever. After the use of our great preliminaries in the treatment of malignant erysipelas, the veratrum viride is of unquestionable value, not only in controlling the pulse, but as a febrifuge and calmer of the nervous system.

For *local treatment*, when practicable, the diseased part may be covered with warm hop poultices, or flannels wrung out of hot vinegar and water, cold applications never being advisable in this form, although often of decided benefit in the cutaneous and areolo-cutaneous



varieties. If suppuration takes place, the matter must be discharged by free incisions at as early a stage as possible, in order that the skin may regain its normal tone and position by being relieved of its undue distention. I am always in the habit, after the matter has been discharged, of covering the part, as was done in Mr. N.'s case, with a plaster of the ceratum hydrarg. compos., and then applying a roller to the limb or part affected. In some instances I have used the tincture of iodine with advantage, and upon some localities it will probably be preferable to the plaster. In puerperal erysipelas a strong wash of iodide of potassium and iodine, a drachm of the former and twenty grains of the latter to the pint of cold water; also a wash of the nitrate of silver, twenty grains to the ounce of water, I have used with unmistakable advantage in a few cases, and I do most earnestly recommend them to the profession as adjuvants when thrown into the uterus, in the treatment of malignant erysipelas—or if you like the term better—puerperal fever.

---

## Illustrations of Hospital Practice.

---

### PENNSYLVANIA HOSPITAL.

Service of Dr. Levick.

JULY 27.

(Reported by Mr. J. B. Hayes.)

*Cirrhosis of the Liver.*—A man of rather intemperate habits, a shoemaker, æt. 40, had been sick for four weeks.

The abdomen of this patient was greatly enlarged, and the effusion existed also in the lower extremities. There was also great prominence of the superficial veins of the abdomen. No cardiac disease existed here. After adverting to the different theories in regard to the route by which the blood, returning from the lower part of the body, gained its superficial channel, Dr. L. showed how the signs said to be pathognomonic of cirrhosis were here present.

This man had been treated for dropsy in the hospital last winter, with so much relief as to continue his work until very recently. In the early stage of cirrhosis the liver was sometimes enlarged, and contracted as the disease advanced.

*Treatment.*—Although the dropsy was a mere result or symptom of disease, nevertheless it was often necessary to treat it. Much relief might be afforded by the administration of diuretics.

The patient was now suffering from a diarrhœa, and fearing to increase it, Dr. L. said he would merely direct the comp. spt. of juniper for the present.

*Diseases of the Skin.*—Three patients were introduced at once to the notice of the class, to exhibit the different appearance of *eczema* and *psoriasis*. The nature of *eczema* was explained on the last day. The form of *psoriasis* present in the third patient was *P. inveterata*, as its name imports often a most intractable disease, tedious both to patient and physician. The patient was covered with scales from head to foot, upon the arms quite large and thick, and on the trunk more minute. The skin presented an inflammatory blush. The patient's general health was good, although this disease has existed for five years.

*Treatment.*—Mucilaginous baths, liquor potassæ arsenitis, gr. iij, three times a day, and decoction of dulcamara. Dr. L. was also disposed to try an ointment, the chief ingredient in which was cod-liver oil; as well as to resort to the internal use of the oil, but deferred this for the present.

*Post-mortem Specimen—Liver.*—The patient from whom this was taken was before you on the last clinical day, and I then pronounced his case hopeless. He was admitted ten days ago, feeble, with enormously swollen abdomen, yet in astonishingly good condition for such an amount of disease as has since proved to have existed. Our chief object in the treatment was to sustain his strength by stimulants and nourishing food. He died on Monday.

His liver is before you. Such an one I have never seen before. The ordinary weight of the liver is from three to five pounds: this one weighs *fourteen* pounds. It filled two-thirds of the cavity of the abdomen, reaching to the umbilicus, and encroached upon the thorax as far as the third rib.

The organ is paler than usual, and its entire structure has undergone a change. It is not only cancerous but has undergone complete fatty degeneration. Its whole surface above and below is covered with nodulated tumors; these we could easily detect during life. It measures vertically fifteen inches, transversely ten inches. The heart lay transversely, being pushed out of its place by the enlarged liver.

It would be interesting to know what was the starting point of this disease. The man was a furnace-hand, and was exposed to extremes of great heat and cold.

In a case which we had here a year ago, in which

the liver nearly approached this in size, and had undergone both the cancerous and fatty change, the patient was a cook, and likewise exposed to great heat. An interesting fact also in this case was the thinness and attenuation of his arms and the upper half of his trunk, while his legs and thighs were large. I remarked to you that this might be due to either plugging up of the veins or to pressure on them. The latter was the case, a large cancerous mass being found lying on the ascending vena cava, while the descending cava was unaffected, hence the freedom from swelling in the upper extremities.

*Typhoid Fever.—Recapitulation of Cases.*—After exhibiting a case of slow convalescence from typhoid fever, the cause of which might possibly be lingering ulceration of the glands of Peyer, Dr. L. remarked,—The cases of typhoid fever have been numerous during my term of service. I have thought it my duty to bring them often to your notice, as it is a disease which you will frequently meet with in your practice, and which gives both to families and to physicians much anxiety.

Of twelve cases under our care, eleven have recovered; one died of double pneumonia in an advanced stage of the disease. The ages of the patients varied from fourteen to twenty-eight years. Four were under twenty years, four were twenty-six years old, none it will be noticed were over thirty. Three of the twelve were females. There was looseness of the bowels in eleven, varying from slight looseness up to very troublesome diarrhoea. In one there was constipation. In ten there was tympanites, in none to a distressing extent. In one very mild case the abdomen was flat. In all there was the characteristic eruption, *the red spot of typhoid fever*. In most of the cases these were found without difficulty upon raising the shirt from the abdomen; in others they were most conspicuous over the left hypochondrium. In two cases they were found on the back. In one case, the only fatal one, the diagnosis of which was confirmed by the post-mortem examination, there was but one spot to be seen, and that was found almost hidden by the hair above the symphysis pubis. Sudamina occurred in the majority of cases, in two instances the vesicles were of large size like those of herpes. No well marked petechiæ were noticed. Epistaxis occurred in seven cases.

In almost all the cases there was more or less bronchial irritation, varying in its physical signs from sonorous and sibilant, to coarse sub-crepitant rales. In one instance the bronchitis was of the most serious character, the patient when brought into the house presented the appearance of an advanced case of pulmonary disease, having coarse mucous rales under the clavicle, and being bathed in the sweat seemingly of hectic fever. In this case

there was no diarrhoea, the only one of the twelve. One case terminated fatally from double pneumonia. In several of the cases a strong tendency to a low form of inflammation of the lungs existed, which was averted by the treatment to be hereafter mentioned. The absence of diarrhoea in only one case, and that in which the bronchial inflammation was most severe, induced me to note if the irritation of the bowels might not be in an inverse ratio to that of the bronchia. This relation appeared in several cases, but was not universal. In the fatal case there was decided delirium, at times of a low muttering, at others of wild character. With this were associated distressing nervous tremors, *much increased when the patient attempted to swallow*, a symptom of the most alarming import. On post-mortem inspection there was found but little meningeal inflammation. Delirium existed also in about two-thirds of the cases, of very variable intensity. In all, with one exception, there was more or less dullness of intellect in the course of the attack; in this one, a well marked case, the mind was bright throughout.

The treatment has been of a very simple character. In the first place they were most carefully *watched*, and any untoward symptom promptly treated by the resident physician, Dr. Hutchinson. In the next place they were carefully *nursed*, and a judicious nurse is almost of as much importance in the treatment of typhoid fever, as a judicious physician. The strictest attention was paid to their diet. They were very early allowed arrow root, and milk, and chicken broth; in other words, were well fed, but the food was *liquid* food, and on this kind of diet they were kept until decidedly convalescent.

It is from want of attention to this, Dr. L. remarked, that sudden and fatal perforation occurs in the advanced periods of the disease, when the patient is apparently recovering. As soon as symptoms of debility threatened, wine whey, and later, brandy punch, and essence of beef were given. Wine whey is the safest stimulant to begin with, especially if in doubt as to the call for stimulation. Nor is a somewhat dry tongue a positive contra-indication to its use. I have known, said Dr. L., such a tongue to become moist under its judicious administration; but later in the disease this is not enough, and we must then resort to stronger remedies, brandy, carbonate of ammonia, etc. During the febrile exacerbation the solution of acetate of ammonia was used by all our typhoid fever patients. During the absence of fever, the sulphate of quinia, to the amount of six or eight grains daily. And here comes the question, what amount of quinia may safely be given in such cases. You will find many of our best practitioners directing it in doses of a grain every hour, or two hours. Much, of course, depends on the character of the case, but I must confess, said



Dr. L., I am afraid of such doses in typhoid fever. Twenty-four, or twelve grains of sulphate of quinia are, in my opinion, hazardous. I was educated with such a fear, and that fear has been confirmed by my own observations. If quinia acts as we believe it does, by stimulating and congesting the cerebral centres, there is danger of favoring the development of that effusion which too often suddenly proves fatal in this disease. Nor is the necessity for such overdosing apparent, as I think you will find on trial. In none of the cases under my own treatment, from the beginning, was this medicine exhibited in larger quantities than six or eight grains daily. In one instance, five grains were found to produce unpleasant fullness of the head, and were omitted with relief to the patient. Four of these cases, in the course of their attacks, used for a few days small doses of blue mass, opium, and ipecac., and the same number the oil of turpentine; with none of the other eight were these remedies used.

In the treatment of the severe case of bronchitis, the carbonate of ammonia was given in 5 gr. doses, every four hours, alternating with the spirit of Mindererus every second hour. In all cases of bronchial and pulmonary irritation, counter-irritation to the chest was effected by the application of a liniment (St. John Long's) of acetic acid and turpentine. In addition to this, dry cupping was occasionally resorted to. Especial care was taken that the patient should not lie too long in one position, and thus favor the hypostatic congestion so liable to occur in the lower forms of disease. To allay the nervous pains and restlessness, the happiest results were produced from the administration of  $f\text{ }3ij.$  of solution of sulphate of morphia, with  $f\text{ }3j.$  of sweet spirit of nitre, either at bed time, or, if needed, during the day. Less than this amount of morphia is often insufficient, producing only its stimulating effect of keeping the patient awake. If morphia be objectionable, a teaspoonful of Hoffman's anodyne will sometimes produce a good effect.

As respects the condition of the bowels, I wish especially to claim your attention. Where a cathartic is needed, which is rare, you would scrupulously avoid the hydragogues, such as colocynth, etc. A dessertspoonful of castor oil is generally sufficient. On the other hand, we much more frequently are obliged to contend with diarrhoea, either mild or severe. In some cases no medication is called for, in others the diarrhoea is a very grave complication. In such cases it seems to me useless to waste time and to trouble the patient with the administration of astringents by the mouth, when we have a means at hand far more prompt and efficient in its action. I allude to an *enema of laudanum*, and should I teach you nothing more than the use of this, I shall feel that I have not lectured to you in vain. I can

hardly express to you the immense value of this mode of medication, not only in the disease under consideration, but in a vast number of others, among which I cannot forbear to mention the condition of nausea and universal malaise which attend the early stage of remittent fever. Much, however, depends on the mode of its administration. In the books you are told to mix the tincture with two fluid ounces of starch water. This is not necessary unless there be some rectal inflammation. Drop from 30 to 45 drops of laudanum in a *tablespoonful of warm water*, and carefully inject it into the rectum, and it will often act like a charm, check the diarrhoea, soothe the patient, and give him a comforting night's rest. A teaspoonful of laudanum is sometimes given as an injection, but this is too much, as in a fluid drachm of laudanum there are 120 drops. Always, in the use of this remedy, note well the condition of the heart, and the age of the patient; for an enfeebled condition of the heart and an advanced age, both require a less amount of opium than would be borne under other circumstances.

Such has been our treatment of the cases of typhoid fever during the last three months, with, I think I may without vanity say, very satisfactory results. I do not wish you to blindly follow it, but I give it you as a part of our clinical experience and observation here.

One fact you cannot fail to remember, from what you have seen and heard while watching the cases I have at this time called your attention to, that when patients are brought to you said to be affected with pneumonia, bronchitis, or diarrhoea, you will not fail at once to remember that these may be but the accompaniments of the real and far more important disease—typhoid fever.

---

Service of Dr. Pancoast.

(Reported by E. Schumo, M. D.)

As this is the last time that I shall have the pleasure of meeting you, the season in which I have been serving in place of my colleague Dr. Hartshorn, I shall occupy the hour mainly with an account of the cases we have previously had under treatment.

*Wound of the Sole of the Foot.*—The first one I bring to your notice to-day is the sailor boy who was injured a week ago in jumping from a height upon some crockery ware, the sharp broken edge of which cut through the entire sole of the foot transversely, and even into the cuneiform bones.

He is doing remarkably well. There has been but very little inflammation and swelling, and the work of reparation is going on finely. A slight pain is complained of in the heel. This is owing to the pressure from the weight of the foot and is to be overcome by placing a soft pad or compress beneath

the ankle so as to take off pressure from the part complained of. The foot, as you will recollect from the last lecture, after being dressed was kept wetted with laudanum. This was suspended when the supuration commenced, and a poultice of flaxseed meal substituted, the foot being kept all the time extended and at perfect rest. This is the ordinary dressing I use in all wounds of the sole of the foot or palm of the hand, and especially is it applicable to punctured wounds, the laudanum acting upon the extremity of the nerves so as to obviate irritation, which you know is the usual precursory stage to inflammation. By combining in wounds of this sort all the principles of treatment adopted in this instance, many cases of tetanus might be prevented. Tetanus, as I have before observed, is of much more frequent occurrence in punctured wounds than in deep wide wounds of this sort; the punctures exciting inflammatory swelling of the fatty and cellular structure, and the synovial sheaths of the tendons, all of which are then bound down by the resisting fasciæ, causing most painful pressure on the nerves and often arresting the circulation in the vessels, so as to give rise to gangrene.

*Results of the Operation on the two cases of Cataract.*—These cases which were operated upon on Wednesday last are doing well. The boy had a secondary capsular cataract, little threads crossing themselves here and there over the field of vision like a sort of spider's web. I removed this with my delicate hooked needle, and the eye is now perfectly clear. No pain whatever has followed the operation, and no inflammation: the occurrence of either of which in my operations is extremely rare.

In the case of the old man, as you will recollect, both eyes were operated upon. The lens of the right eye was soft and was broken up, that of the left was hard and adherent to the ciliary processes by some of the elastic bands described by Von Ammon. It was carefully removed from its bed with the same needle used on the eye of the lad, and placed to the outside of the field of vision. The bands prevented my lodging it completely in the side of the vitreous humor, so as to be altogether out of view, and if I had used force enough, which I could readily have done, so as to break the bands, I might have lacerated one of the ciliary processes, to which they are attached and thus caused hemorrhage, and placed to the outer side of the field of vision. There has been a slight pain round the left eye, which has arisen from the traction on the ciliary processes, and the conjunctiva is a little infected. He can now plainly distinguish objects before him with either eye, which heretofore was an impossibility. I believe he will see perfectly well in a little time.

*Gunshot Wounds of the Hand.*—Several cases were

exhibited. These had occurred on the 4th of July, from the accidental discharge of fire arms, and were all self-inflicted. There were in all ten cases admitted into the house on the 4th of July, and nine of these were of the left hand. In the first case exhibited, the pistol had exploded two inches distance from the hand, its contents shattering the metacarpal bone and first phalanx of the middle finger, much of the integument on the back of the hand was blown away. The palm of the hand was laid open obliquely, exposing the tendons, and those of the metacarpal bones. The fractured finger with its metacarpal bone was removed at its articulation with the wrist, and the skin saved from the sides of the finger was inverted and used in supplying the place of the lost integument on the hand by a sort of plastic operation. This case was at first unpromising, but is now doing well and the man will have a useful hand.

In two other cases a finger and metacarpal bone was removed, the operation being similar to the first. In one of these, an adjoining metacarpal bone was broken and in the other dislocated, but both have been saved. The cases are now doing well, they have all been treated in the first instance, by irrigation for several days with cold lead-water and laudanum. Subsequently the fungous granulations were kept down by sol. sul. zinc, and at the present time flaxseed poultices are used as a dressing.

The case of *Hydrocele* which had been operated upon (See Reporter July 30th, case 2nd,) was exhibited, the swelling had subsided, and the part has almost assumed its natural size. The scrotum had been kept moistened with lead water and laudanum, whilst it was red and sensitive.

*Result of Amputation of the Foot by Pirogoff's operation.*—This was performed a year ago upon a lad aged 12 years; the foot was badly crushed by a rail car; it was a very unfavorable case, but the most gratifying results have taken place, as you here see. The boy hides all the deformity in his foot, walks with perfect ease, can bear his whole weight upon the stump and stamp it down rather firmly on the floor without the slightest pain.

In the operation of Pirogoff the foot is dislocated by cutting into the ankle joint, through its posterior part. The anterior extremity of the os calcis and the articular surfaces of the two leg bones are sawed off. The os calcis, with its natural coverings is then rolled over in front, so that the divided spongy vascular structure of the calcis and the tibia come in contact and unite on the end solidly together. The advantage of this operation over the ordinary amputation of the ankle or lower part of the leg, consists in the stump being larger, and better adapted for pressure, from being



covered with the natural investment of the os calcis—in the readiness of re-union of the two applied osseous surfaces, and in the length of the limb which is but little diminished. To insure union in these cases, it is necessary that the posterior tibial artery should always be cut long. To make up for the slight shortness of the limb, a small elastic pad should be worn in the shoe.

In the same hour of the same day in which I performed this, I performed a similar one for a like injury with a result to the full as good as this. In a third case I performed this operation, for scrofulous disease of the ankle joint, but I was obliged to tie the posterior tibial artery on account of bleeding behind the maleolus. This caused the loss of part of the integument, and the cure was more tardy and less perfect than in either of the other cases.

*Gangrene of Stump arrested by the Actual Cautery.*

—The patient which I now introduce to you was operated upon July 6th, (See Reporter of July 16 ) The case was one of most unfavorable character and his recovery was hardly anticipated. The limb shortly after the operation presented gangrenous phlyctena, and commenced sloughing at the stump. This was quickly arrested by the action of the hot iron, which was freely applied to the stump, and on the next day even, there was a remarkable improvement on the face of the stump; the pain had also ceased. The stump is not what I would call a good one, the cutaneous flaps having been so shortened by the sloughing, as not to cover it completely. If it should be necessary we can hereafter remedy this defect by loosening the soft parts, pressing them back with a retractor, and cut off with the saw an additional piece of the bone.

*Dislocation of Os Humeri reduced by Manipulation, after having resisted reduction with the Compound Pullies and with Jarvis' Adjuster.*—This man in a fall had received a severe blow upon the shoulder five weeks ago, dislocating the bone, which we now find lodged under the pectoral muscle. Possibly some of the muscles around the joint were torn, or the edge of the glenoid cavity crumbled off. I have several times seen the long head of the biceps broken, and the sub-scapularis ruptured. This leaves the joint afterwards imperfect even when reduced perfectly, and the surgeon is frequently and most unjustly blamed, no matter how careful his treatment has been, on account of the subsequent impaired condition of the joint, which necessarily follows such lacerations. Three attempts have been made at reduction, and have failed, one with the foot in the axilla, one with the compound pullies, and one with Jarvis' adjuster. It is very important to reduce luxations early, much pain and trouble being thereby

avoided. It is better even in many cases to do it at once while the patient is yet unconscious from the shock that has produced the injury, than to wait till the muscles have recovered their tone and sensitiveness, and power of making resistance. For the reduction is then made readily, and without instruments of all sorts. Before the use of anæsthetics only about one-half of the cases brought into this house were reduced. Since their introduction the success has been infinitely greater. Indeed the failure to reduce is now the exception. It was the plan of surgeons formerly to bleed, give antimony, intoxicate, to use tobacco injections, the warm bath, &c., but all these measures have been dispensed with since the introduction of ether. When the patient is very plethoric, it is even now my plan to bleed, when I think the application of great force will be needed. You will observe that I cannot place the hand of the dislocated limb on the opposite shoulder; this is one of the indications of luxation, and an important one, pointed out by Dr. Dugas of Augusta, Ga. It is not however infallible, as one case recently in the hospital has shown us. Ordinarily the elbow cannot be brought to the body. In chronic cases you will find the deltoid muscle very much wasted. The doctor cautioned the class to be on their guard when consulted by strangers, who are too prone to deceive in regard to the length of time since the reception of the injury, for fear the case may be abandoned. He had reduced one, which had been stated by the patient to have been out of place seven weeks, when it was afterwards ascertained to have been seventeen weeks dislocated.

The arm being much excoriated from the use of Jarvis' Adjuster, the ulcerated surfaces were covered with adhesive plaster and a roller bandage. The necessary preparation for applying the Adjuster of Jarvis was then made, and ether given. But before applying the instrument, and after the patient had become perfectly insensible from the use of the ether, the muscles placid, the Dr. with two assistants attempted its reduction by manipulation. The arm was elevated, and drawn strongly upward by the assistants, the surgeon holding the scapula down with one hand, and pressing up the head of the bone with the other. The arm was then suddenly brought down, the hand of the surgeon being kept in the axilla as a fulcrum and guide. The result was very gratifying, the action of the deltoid and supra spinatus being overcome by the elevation, and the extension bringing the head of the bone opposite the glenoid cavity, it slipped at once into its place. The arm was secured to the chest with a bandage and slung in the ordinary way.

*A Statue of Morgagni* is proposed to be erected at Naples, and a subscription to that effect has been started.

## Editorial.

### LEGAL ENACTMENTS TO PROTECT THE MEDICAL PROFESSION.

The Legislatures of the State of North Carolina and of the British Province of New Brunswick, passed medical laws at their last sessions. The North Carolina law went into operation on the 15th of April, and that of New Brunswick on the 1st of June. And the Medical Society of Virginia at its last session agreed on a form for a medical law, to be submitted to the Legislature of that State at its next session.

Our readers are aware that we have no faith in legal enactments to protect the medical profession, certainly not in our country, where the democratic principles on which our governments are founded, subjects legislators to constant annoyance from that portion of the community who favor irregular modes of practice, or who can be persuaded by those interested in breaking down medical laws, that regular practitioners are seeking a monopoly of legislation in their favor.

We believe that our profession will accomplish more for its own protection than can possibly be done for it by legislative enactments. This it can do by establishing its own laws and regulations, by so guarding its portals as to prevent the admission of unworthy members into its organized ranks, and by well directed efforts to advance the interests of medical science among its members.

This course would at once draw a line of separation between them and all classes of pretenders, so broad that the public could not help discerning between the true physician and the impostor, and this would be a far more effectual protection to our profession than legal enactments which subject unqualified practitioners to penalties, which past experience shows are seldom if ever exacted.

Let membership of the American Medical Association be an honor worth striving to obtain—a title which will at once commend its possessor to the confidence of the medical profession and the public, ranking above that of

"M. D.,"—whose honorary signification has become comparatively worthless, from the fact that irregular institutions are chartered by our legislatures, and empowered with equal authority with our best medical colleges to confer that once honored, but now sadly degenerated title—and our profession would have no occasion to ask for legal protection.

Let us briefly review the several enactments referred to, and see if they promise anything that will be likely to be of permanent value to the medical profession. The North Carolina bill provides for a Board of Examiners, seven in number, who shall be "regularly graduated Physicians"—(Secs. 3, 4,) selected by the General Assembly from a list furnished by the Medical Society of the State of North Carolina, and who shall hold their office for six years, &c., (Sec. 8.) So far well—but Sec. 9 provides, "that the members of the State Medical Society shall have power to select the Board of Medical Examiners—*except when the Legislature chooses to exercise this right!*"<sup>1</sup> Here is a proviso that our friends will find will be a thorn in their sides, and, if we mistake not, one which will eventually make them wish that the law had never been enacted. This Board of Examiners is instructed to meet "in the city of Raleigh, and Morganton, alternately on the first Monday in May of every year," and remain in session ten days to examine candidates, (Sec. 10); and Sec. 14 provides that when they meet in the city of Raleigh the members of said Board shall receive a compensation of four dollars a day, and their travelling expenses to and from said city (to be paid out of money received for licenses), but—*no provision is made for paying them when they meet in Morganton!* Now for the penalties of disregarding this act. Sec. 2 provides that no one who practices in violation of it shall be deemed guilty of a misdemeanor, and Sec. 15 provides that such persons shall not be entitled to sue for or recover bills for services rendered in the practice of medicine or surgery or any of the branches thereof—very heavy penalties truly! The act makes

<sup>1</sup> The italics are ours.



no provision for executing the law. Indeed this law is very cool comfort to our brethren in North Carolina, but we fear that it is as much as they will ever get.

The New Brunswick law is of rather a different cast. It provides a "Medical Council of Education, Health and Registration," (Sec. 4), a part of whose duty is to register the names of all qualified practitioners in the Province who have been in the continued practice of Medicine and Surgery in the Province since the 1st of January, 1852. The fee for being thus registered is one pound, (Sec. 11), and all persons registered after the act goes into operation shall pay a fee of three pounds,<sup>1</sup> (Sec. 14). The fact of a name being upon the register is proof that the person is a qualified practitioner, (Secs. 13, 16). No public appointment as Physician, Surgeon, &c., is valid unless the person so appointed is duly registered under the act, (Sec. 19). This Medical Council consists of twelve members of the Medical Faculty, nine of whom shall be elected by the Faculty, and three appointed *by the Governor in Council*,<sup>2</sup> (Sec. 4). That provision gives the Governor a privilege which he might employ to the disadvantage of legitimate medicine if he chose. There are provisions for striking names from the register—but, "*the name of no person shall be erased from the register on the ground of his having adopted any theory of Medicine or Surgery!*" This provision opens the flood-gates for all sorts of irregularities in the practice of medicine under the sanction of law.

The *Virginia Medical Journal*, in felicitating itself on the good points contained in the law agreed upon by the Medical Society of that State, contrasts it with some provisions of the North Carolina law, to the disadvantage of the latter. But, we would say to our friends, "Let not him that putteth on his armor boast as he that putteth it off." By the time your law runs the gauntlet of the legislature, it may be so emasculated that you would fain have it

obliterated. We very much doubt whether the legislature will pass a law drafted by the Medical Society of Virginia, without amending it, and we venture to say that its amendments will not improve it in the eyes of its originators. With all due respect for the Medical Society of Virginia, we must say that one provision of its law strikes us as containing the elements of trouble to the profession of the State, viz: empowering the Governor to appoint three (one-third) of the Board of Medical Examiners. He might appoint persons who would be very objectionable to the profession of the State. This feature is common to all three of the laws.

If our profession would cease its efforts to obtain legal protection, and spend its time in perfecting its own organization and improving the scientific status of its members, it would, in our opinion, be the best policy.

---

### UNFAIR!

After a somewhat protracted editorial career, we can say that our intercourse with our brethren of the medical press has been almost uniformly of the most agreeable and pleasant kind. And the two or three instances in which we think we have reason to complain of unfair treatment, and which we refer to with exceeding regret, seem to have been prompted not so much by personal hostility as by jealousy of the marked success of this journal, and of the very high standing of the medical schools of this city.

On the 19th of November last—now nine months ago—we had occasion to comment on a slanderous newspaper attack on the medical students of this city, which was evidently prompted by a desire to promote the sale of the paper among the students, by arousing their curiosity to see "what it had to say." We quoted enough from the article to found our remarks on, and then defended the students at considerable length, from the unfair

<sup>1</sup> The Registration fee in England is *five* pounds.

<sup>2</sup> The italics are ours.

and exceedingly unjust strictures that were passed on their personal appearance and habits. This we did so successfully, that we speedily silenced our opponent. Some of the newspapers of this city also enlisted in the cause of the student. Several of the medical journals of the country copied our defence of the students with commendatory remarks appended. Not so, however, with all, for the Medical Press and the Medical Gazette, both of New York, eagerly *copied the scandalous remarks of the newspaper* IN ITALICS, *carefully omitting our defence*, and with every appearance of intending to convey to their readers the idea that the description given of the Philadelphia students was a correct one, while certainly one of them claimed in contrast with it, that the students of New York were a more genteel and intelligent class of young men. We took no notice of this unfair act on the part of the New York journals, knowing that their circulation was very limited, and that they had need of just such capital on which to found some sensation remarks. We felt that we could afford to smile at such a contemptible trick.

But now, after the lapse of nearly nine months, and just as medical students are preparing to leave their homes to attend medical lectures for the winter, the Nashville Journal of Medicine and Surgery, the organ of the Medical Department of the University of Nashville, Tenn., (a state, of whose prosperity, filial love would prevent our ever being jealous,) copies into its August number *from the New York Medical Gazette*, the slanderous newspaper remarks on the appearance of the medical students of this city, *which we had shown to be false*, and, taking its cue from one of the New York journals, claims for the students who resort to Nashville, the same superiority over those who resort to this city, that it had claimed for the students of that city.

Now, while we have no disposition to de-

tract from the claims of the students of our sister cities to intelligence and gentility, we will not for a moment entertain the idea that the students of any city or school of our country, are superior to those who resort to Philadelphia to avail themselves of the superior advantages it offers to them in the pursuit of their studies.

In conclusion, while we charge the journals named above with being exceedingly unfair toward us, and toward the medical schools of this city, an unfairness rendered contemptible by the selfish motives which prompted it, we have the consolation of knowing that we occupy the vantage ground over them all, for the reason that our extensive circulation in the West, South and North, gives us the opportunity of reaching a large proportion of their readers, and of exposing the meanness which has led them to convey the impression through their pages, that *we* circulated vile slanders against the medical students who attended lectures here the past winter, whereas, they knew that our sole object was to *defend* them from the slanderous statements of an unscrupulous newspaper editor.

---

## Correspondence.

---

### QUININE IN PREGNANCY.

EDS. MED. AND SURG. REPORTER :

In your note to an article on Intermittents, which you did me the honor to publish in the REPORTER of the 16th July, you say, "some southern writer asserts that quinia will produce abortion"—though you doubted the correctness of the observation at the time.

The idea is new; to me at least. I have been in the habit of prescribing it for many years, in every stage of gestation, and in all doses, from 1 to 10 grains, and have never known it to produce a symptom of abortion. On the contrary, it is *not uncommon for ague to produce abortion*, unless arrested, and quinine is the sheet-anchor in such cases. This I believe to be the experience of physicians in the West. It may be that abortion has oc-



curred while the patient was taking quinia, but this does not prove that the drug caused the accident. A sequence is not always a consequence.

On reading your note, I addressed Prof. M. K. Taylor on the subject, and showed him your note. Enclosed I send you his answer, which is more satisfactory on the subject than anything I could say. Yours,

B. WOODWARD.

*"Galesburg, Ill., July 22, 1859.*

DR. WOODWARD,

DEAR SIR:—Your note of the 20th inst., asking my opinion as to the liability of quinine to produce abortion, and if so, under what circumstances and in what doses, is received.

In reply I have to say, that I know of no instance where quinine has been given during pregnancy, under circumstances warranting its use, that abortion has followed, no matter what the dose may have been.

Uterine neuralgia, in the miasmatic form, is by no means an uncommon complaint in the West; either in the interval of menstruation, or during the performance of that function, or in any stage of pregnancy. It is also frequently met in the puerperal state. In the earlier stages of pregnancy, however, it is most frequently observed, and next to this, during menstruation, according to my observations.

When occurring in pregnancy in severe form, miscarriage is liable to ensue, unless speedily arrested by the employment of a prompt antispasmodic. Quinia is the one generally used I believe, and I have yet to learn of a single instance where abortion could, with reason, be charged to its action.

The indications calling for its exhibition have been generally such as we are accustomed to associate with malarious disease; intermission being the chief characteristic. In some instances, however, in early pregnancy, the intermittent manifestation is not well defined, the pain scarcely amounting to a remission in the twenty-four hours, and taking all the general semblances of true labor with the production in the end of abortion.

This termination, quinine in combination with sulph. morphia, given in a quantity proportionate to the emergency, will generally prevent. Sometimes I have employed sulph. Beeberine with better effect, where quinia had been previously given, and there was a tendency to a return of the pain after an interval of a week or two, as is not unfrequently the case. So, also, in those cases where the remissions are not well made. Beeberine, given in from three to five grain doses, in combination with hyoscyamus or morphia, has seemed to operate better than quinia in my hands. In the use of these articles, my experience has been that Beeberine is more likely to disagree with the stomach in doses exceeding five grains than quinia.

Yours truly,  
M. K. TAYLOR."

## Periscope.

*Statistics of Suicide.*—A work on suicide, recently published by a Frenchman, M. Lisle, states that in France, from 1836 to 1852, inclusive, there were fifty-two thousand one hundred and twenty-six suicides, or a mean of three thousand and sixty-six a year. Before 1836, the proportion was one suicide to every seventeen thousand six hundred and ninety-three inhabitants. In 1836 it was one for fourteen thousand two hundred and seven; and in 1852 it had risen to one for nine thousand three hundred and forty. In 1838 and 1839 England had one suicide for every fifteen thousand nine hundred inhabitants; France one for every twelve thousand four hundred and eighty-nine. Between London and Paris, for the same years, the difference is yet more remarkable, the figures being for London one in eight thousand two hundred and fifty, and for Paris one in two thousand two hundred and twenty-one. The north of France is the most prolific in suicides; nearly half of the whole number belongs to the north, which has increased its own ratio by one-third. The north has one in six thousand four hundred and eighty-three; the east one in thirteen thousand eight hundred and fifty-five; the south one in twenty thousand four hundred and fifty-seven. The department of the Seine, which includes Paris, has risen with frightful rapidity; but Paris and Marseilles, and all large centres, are the foci of suicides to a very striking extent. Russia stands the lowest of European States in the scale, her suicides being only one in forty-nine thousand one hundred and eighty-two; while Prussia has one in fourteen thousand four hundred and four; Austria one in twenty thousand nine hundred; New York one in seven thousand seven hundred and ninety-seven; Boston one in twelve thousand five hundred; Baltimore one in thirteen thousand six hundred and fifty; and Philadelphia one in eleven thousand eight hundred and seventy-three. The author maintains that suicide is not always a sign of mental alienation, but like every other human movement, obeys fixed laws, and that hence, year after year, it can be confidently predicted how many out of a certain population will commit suicide. The opinion is expressed that climate has little to do with the matter, and the author says that in latitudes from forty-two degrees to fifty-four degrees the proportion is one in thirty-eight thousand eight hundred and eighty-two; from

fifty-four degrees to sixty-four degrees, one in fifty-six thousand five hundred and seventy-seven. Yet the last figures include Moscow and St. Petersburg, and represent a much more rigorous, damp, uncertain, and joyless climate than the first.

*A New Ophthalmoscope.*—The *Med. Times and Gazette* says: An ophthalmoscope fitted with adjusting tubes, rests for the patient's head, etc., by which the merest tyro may be enabled to see the deep structures of the eye, is now at use at the Ophthalmic Hospital. It is made by a Berlin optician, at the suggestion of M. Græfe and his assistant. Unlike the one hitherto in use, it is a large cumbersome affair, and requires to be fixed on the table or elsewhere, before use. The patient's head being fixed against a rest, the telescope slides of the instrument are adjusted to a proper focus, and this once effected, a dozen observers in succession may look through the eyepiece, and all of them see exactly the same part of the retina without any trouble. It is, indeed, like looking through the tube of a microscope; the object never gets out of focus, and the proper adjustment having been effected by a skilled hand, any one can see the object. The common hand reflector and lens require a long training before they can be effectually used. For purposes of demonstration to a class, the new instrument will doubtless soon throw the other out of use, since it prevents the loss of time and risk of annoying the patient's eyes, which a succession of inspections involves. To one well trained, however, so that he can find the optic entrance, yellow spot, etc., with perfect ease, we doubt whether the new instrument will add much. Its cumbersome size will confine it to the consulting room or public institution, but at the latter, for class purposes, it promises to be invaluable. To the artist also it is a great relief, since it leaves the hands at liberty; and to draw from the ophthalmoscope is, with its aid, just as easy as to draw from the microscope. Its cost as at present made is, we believe, about five guineas. No doubt it will soon be to be had in the London shops.

It is said that such a great quantity of rags were bought up to make lint for the wounded soldiers in Lombardy, that there was a rise of about a farthing a pound in the price of some kinds of paper.

## Medical News.

### PHILADELPHIA HOSPITAL APPOINTMENTS.

—Under the resolutions which reorganize the Medical Board of this institution, dispensing with the office of Chief Resident Physician, and substituting a Board of Visiting Physicians, Surgeons, and Obstetricians, the following appointments have been made:

*Physicians*—Drs. J. L. Ludlow, W. Mayburry, C. P. Tutt, F. E. Luckett.

*Surgeons*—Drs. D. H. Agnew, R. J. Levis, S. D. Gross, R. S. Kenderdine.

*Obstetricians*—Drs. R. A. F. Penrose, L. D. Harlow, J. Wiltbank, W. D. Stroud.

*Army Intelligence.*—Surgeon S. P. Moore will be relieved from duty at the Military Academy at West Point on the 30th instant, and Surgeon Charles McDougall has been detailed for service at that station, to report himself to Col. Delafield, the Superintendent, by the 23d inst.

Assistant Surgeon C. H. Smith, having been relieved from duty at Camp Radzimirski, has received orders to proceed to, and report for duty at Fort Chadbourne, Texas.

Assistant Surgeon C. C. Keeney will accompany the troops to be embarked at the Presidio of San Francisco, for Fort Yuma; and Assistant Surgeon W. F. Edgar those to be embarked at San Pedro. These officers will return in transports to San Francisco, and then the former will resume his present station, and the latter proceed to and take post at San Diego.

The Surgeon General of the Army has been directed to proceed to make an inspection of hospitals at such posts as he may deem proper.

We noticed recently the fact that the Castleton Medical College had conferred the honorary degree of Doctor of Medicine on S. N. Marsh, a manufacturer and dealer in trusses in New York.

Marsh holds a *patent* for his trusses, the prices charged for which are *twenty* dollars for a single, and *thirty* dollars for a double truss. The cost of making them is about *three* dollars.

By extensive advertising, the usual resource of quackery, he has accumulated a fortune. He has no medical education, and was originally a clock peddler or mender.

The act of the Castleton Medical College in



conferring a degree on this man, should be received as an insult by its alumni.

Mr. Walworth, a wealthy planter of Arkansas, one of the old *habitués* of Saratoga, has, it is said, made a will, bequeathing \$50,000 to the State of New York, toward founding a hospital for the blind. If that State should refuse to accept it, it is to go to the State of Michigan; and if not accepted by Michigan, it is to go to Ohio. Mr. Walworth is himself blind.

*Wash Your Heads.*—Dr. Bissell, one of the Quarantine Physicians at Staten Island, N. Y., is of the opinion that if a person's hair be washed he is not liable to disease."—*Philadelphia Ledger*.

From what disease an individual is thus exempted, is not stated. The only disease we are aware of, for which washing the hair would be a certain prophylactic, is one of a parasitic character, the cure of which is said to be facilitated by the use of a fine-toothed comb.

A very curious pair of books, tending to show that Shakspeare was not only thoroughly up in Bible lore, (as Lord Campbell wrote a book last vacation to prove,) but also was apt in science, too—namely, "The Psychology of Shakspeare," and "Shakspeare's Medical Knowledge," are being published by Messrs. Longman, from the pen of J. C. Bucknill, M. D.

The city authorities of New York are doing a good work in abating offal-boiling and pig-gery nuisances in that city. On the 27th of July about fifty different establishments of the kind were visited in the upper part of the city. Ten of them were demolished, and lime scattered over the places where they had stood, and the proprietors of the rest were notified that if they were not removed by the following day, they would then be removed by the police. The new City Inspector of New York seems to be carrying out some very important sanitary measures. How long before his zeal will abate remains to be seen.

*Intense Heat in Southern California.*—From an extra of the *Santa Barbara Gazette* we learn that on Friday, June 24, the heat was so intense in that place as to cause the death of "calves, rabbits, birds, &c." All the trees were blasted, and the fruit roasted. Metal of all kinds became so hot that it could

not be touched with the naked hand. The good people of Santa Barbara suppose that a volcanic eruption has taken place in their vicinity.

Foreign papers also report intense heat in some parts of southern Europe.

*Constitution and By-Laws.*—The *Boston Courier* tells the following anecdote of the late Hon. Rufus Choate:

Two or three years ago, during a season of illness, Mr. Choate was visited by one of his friends, who urged upon him the importance of paying more attention to his health. "Sir," said the visitor, "you must go away; if you continue your professional labors thus, you will certainly undermine your constitution." Mr. Choate looked up, and with that grave irony and peculiar twinkle of the eye which were so marked and indescribable when he jests, said: "Sir, the constitution was destroyed long ago; I am now living under the by-laws."

A new *Medical Journal* has been started in Cleveland, Ohio, by Dr. Gustav C. E. Weber. It is called the *Cleveland Medical Gazette*, and is issued monthly at one dollar per annum. We have not yet seen this new candidate for professional support.

## MARRIAGES.

BETHEL—SMART.—On the 4th instant, by Rev. Jos. H. Kennard, Chas. P. Bethel, M. D., to Miss Lizzie Smart, both of this city.

PARKER—O'RIELLY.—At Rochester, N. Y., Aug. 1, Dr. Wm. C. Parker, of San Francisco, to Ella Elizabeth, second daughter of Henry O'Rielly, Esq., of N. Y.

## DEATHS.

MCCAA.—Dr. John McCaa, Sen., died at his late residence at Kirkwood, near Camden, S. C., on the 31st ult, after a painful illness of several months. Dr. McCaa had been a regular practitioner for the last forty-three years, having a large and extensive practice in town and country."

RUSH.—Hon. Richard Rush, a son of the distinguished Dr. Benjamin Rush, died in this city on the 30th ult. Mr. Rush had served his country as minister to the English and French Courts abroad, and in various offices of trust in the State and general governments at home. He was 79 years of age.

SANDS.—In New York, July 31st, David Sands, M. D., in the 47th year of his age.

WINTERBOTTOM.—Dr. Winterbottom, the Nestor of the English medical profession, died at Westoe, near South Shields, in the early part of July. He was in the 95th year of his age. He lived some years at Sierra Leone, on the west coast of Africa, and wrote a work on Hot Climate. It is estimated that 10,000 persons attended his funeral.

# ADVERTISEMENTS.

## NATHAN STARKEY,

MANUFACTURER OF

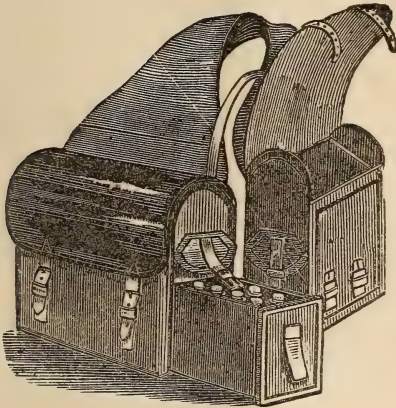
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

|                                                |         |
|------------------------------------------------|---------|
| No. 4, cont. 24 Ground Stopper Bottles,        | \$10 50 |
| Extra, with pockets,                           | 11 50   |
| Nos. 5 & 8, cont. 20 Ground Stopper Bottles,   | 9 50    |
| Ext. No. 8, with pocket,                       | 10 50   |
| A. " 8, containing 24 1 oz. Fluted Vials,      | 8 75    |
| No. 10, cont. 16 1 oz. Ground Stopper Bottles, | 8 50    |
| A. " 10, cont. 20 1 oz. Fluted Vials,          | 7 75    |

Pattern Drawers in Ends—Two Rows Bottles.

|                                                         |         |
|---------------------------------------------------------|---------|
| No. 12, cont. 28 1 oz. Ground Stopper Bottles,          | \$11 50 |
| " 7, " 24 1 oz. " " "                                   | 10 50   |
| " 6 & 11, " 20 1 oz. " " "                              | 9 50    |
| Ext. " 11, " 20 1 oz. " " with pockets,                 | 10 25   |
| A. " 11, " 24 1 oz. Fluted Prescription Vials,          | 8 75    |
| " 13, " 16 1 oz. Ground Stopper Bottles,                | 8 50    |
| A. " 13, " 20 1 oz. Fluted Prescription Vials,          | 7 75    |
| " 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets, | 11 50   |
| A. " 11, " 24 1 oz. Fluted Vials,                       | 8 75    |
| " 13, " 16 1 oz. Ground Stopper Bottles,                | 8 50    |
| A. " 13, " 20 1 oz. Fluted Vials,                       | 7 75    |

Flat Pattern, with Pockets.

|                                         |         |
|-----------------------------------------|---------|
| No. 1, cont. 24 Ground Stopper Bottles, | \$10 00 |
| " 2, " 20 " " "                         | 8 50    |
| " 3, " 16 " " "                         | 7 50    |

Medicine Chests, for Physicians. Made of Russet Leather.

|                                                      |         |
|------------------------------------------------------|---------|
| No. 1, containing 44 Ground Stopper Bottles, 4 pots, | \$18 00 |
| No. 2, " 56 " " " "                                  | 19 00   |
| No. 3, " 48 " " " "                                  | 17 50   |
| No. 4, " 37 " " " "                                  | 13 50   |
| No. 5, " 32 " " " "                                  | 12 50   |
| No. 6, " 27 " " " "                                  | 10 50   |
| No. 7, " 20 " " " "                                  | 8 50    |
| No. 8, " 15 " " " "                                  | 6 50    |
| No. 9, " 14 " " " "                                  | 5 00    |

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish. 118

## J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

## Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of these Baths in all the principal cities of Europe, and the desire which has been so constantly expressed by the profession, to have a place, containing the necessary apparatus and attention—has induced the subscriber to open an establishment for their especial administration at No. 1121 Spruce street. The institution has received the highest approval and entire sanction of the most eminent practitioners of this city and New York. Such arrangements have been made, that separate Reception and Bath Rooms, and appropriate attendance, is to be given to the different sexes, and every other privacy, convenience and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly welcomed, and every explanation as to the working and application of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths applied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

139

No. 1121 Spruce street.

## D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors, above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

## REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.

Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.

H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.

Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.

Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.

S. Littell, M. D., Surgeon Will's Hospital.

E. Hartshorne, M. D., " "

A. Hewson, M. D., " "

D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.

R. J. Levis, M. D., " "

Isaac Hays, M. D., " "

P. B. Goddard, M. D., " "



NOW IN PRESS, AND TO BE SOON ISSUED,

A NEW

# MEDICO-LEGAL TREATISE

ON

# MALPRACTICE

AND

# MEDICAL EVIDENCE,

CONSTITUTING THE

# ELEMENTS OF MEDICAL JURISPRUDENCE.

~~~~~  
BY JOHN J. ELWELL, M. D.,

MEMBER OF THE CLEVELAND BAR, PROFESSOR OF CRIMINAL AND MEDICAL JURISPRUDENCE AND
TESTAMENTARY LAW, IN THE OHIO STATE AND UNION LAW COLLEGE, AND
ONE OF THE EDITORS OF THE WESTERN LAW MONTHLY.

~~~~~  
Large 8vo. Stereotyped Edition, Printed on the First Quality of Book Paper, Manufactured expressly for  
the work, and bound in the best Law and Medical Sheep. Price \$5.

**JOHN S. VOORHIES,**

No. 20 Nassau Street, New York.

*✉ Sent by mail, postage paid, on receipt of price. Address the Author, at Cleveland, or Publisher at New York.*

~~~~~  
There is no work devoted to these very important subjects, though greatly needed by both the professions of Medicine and Law. The existing works on Medical Jurisprudence, valuable as they may be in other respects, do not even allude to the important and deeply interesting subject of MALPRACTICE; vital as it is to Medical Men. Nor is there anything definite upon this subject within the whole range of legal literature, except as it is found scattered throughout the vast range of law Reports. The physician or surgeon, therefore, can no where lay his hand upon a treatise that will clearly and fully define his rights, duties, and responsibilities as a professional man. Every medical man, may, and should, understand clearly his legal liabilities. If he does not, he is at the mercy of enemies, ignorant and mercenary patients and their friends.

Lawyers also complain because the subject of Malpractice is in so much confusion. In no class of cases do they have so much trouble in preparing their cases as in these, because the matter belongs to another science, and their authorities upon it are to be gathered by great labor from their Reports.

The MEDICAL WITNESS should so thoroughly understand his rights, duties, and the importance of his position, as to be able to appear upon the stand unembarrassed, and with honor to himself and to his profession.

MEDICAL EVIDENCE also to the attorney, is completely buried beneath useless discussions of medical questions and theories foreign to the subject, as treated in most works on Medical Jurisprudence. Anomalous and unusual cases, are of no practical value to the attorney, and useless to the physician. The attorney cannot use these cases, and therefore discussions upon them, only confuse and disgust him, while they are worthless to the medical man, because he has the same matter in a better shape in his elementary works on Medicine and Surgery.

In this treatise the author has endeavored to set forth for the use of the attorney, and the physician and surgeon, what is settled and authority in both professions, upon MALPRACTICE and MEDICAL EVIDENCE, stripped of everything else—illustrating the matter fully by the leading adjudicated cases. He has been assisted essentially by Judge HAYDEN, of the Law School, and Profs. THAYER and CASSELS of the Medical College.

~~~~~ PLAN OF THE WORK.

1. The general principles of law, defining the duties and liabilities of medical men, with copious references to legal works. 2. The inherent elementary impossibilities of the science of medicine, for which the medical man should not be held responsible. 3. What can and should be accomplished by the Physician or Surgeon in Amputations, Fractures, Dislocations, &c., out of which grow most of the cases of alleged Malpractice. 4. The leading adjudicated cases upon these subjects. 5. A Digest of Prof. Hamilton's cases on Deformities after Fracture. 6. Liabilities of Druggists—leading adjudicated cases. 7. Statutory Laws relating to Physicians and Surgeons. 8. Criminal Malpractice, with adjudicated cases. 9. Abortion—cases. 10. Medical Fees. 11. Evidence in general. 12. Medical men as experts. Medical Evidence—its history. 13. Circumstantial Evidence. 14. Experts—their testimony generally. 15. Medical Books as evidence. 16. Insanity treated at length, with leading cases. 17. Infanticide—cases. 18. Rape—cases—the Beale case. 19. Poisoning—with Arsenic and Strychnia in particular, with leading cases. 20. Identity—the Webster case. 22. Coroner's and Post Mortem examinations. 23. Other cases where the medical witness must apply the elements of Medical Jurisprudence.

ADVERTISEMENTS.

NATHAN STARKEY.

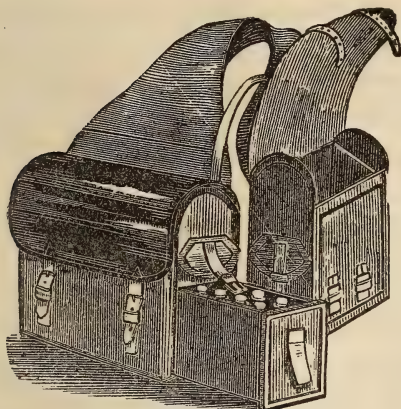
MANUFACTURER OF
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable
Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather,
with Pat. Leather Covers. Flat Pattern, with Pockets. Box
Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11, " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 "	19 00
No. 3, " 48 " " " 4 "	17 50
No. 4, " 37 " " " 4 "	13 50
No. 5, " 32 " " " 4 "	12 50
No. 6, " 27 " " " 4 "	10 50
No. 7, " 20 " " " 4 "	8 50
No. 8, " 15 " " " "	6 50
No. 9, " 14 " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mount-
ing, and superior finish.

118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints,
Syringes, &c.

Manufactures to order and keeps constantly on hand a general
assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen
about to commence practice would do well to call and examine
his large assortment of Instruments.

118

Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of
these Baths in all the principal cities of Europe, and the
desire which has been so constantly expressed by the profes-
sion, to have a place, containing the necessary apparatus and
attention—has induced the subscriber to open an establishm nt
for their especial administration at No. 1121 Spruce street.
The institution has received the highest approval and entire
sanction of the most eminent practitioners of this city and New
York. Such arrangements have been made, that separate
Reception and Bath Rooms, and appropriate attendance, is to be
given to the different sexes, and every other privacy, convenience
and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly
welcomed, and every explanation as to the working and appli-
cation of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths ap-
plied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

No. 1121 Spruce street.

139

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was
engaged, for a considerable time, in the most celebrated work-
shops of Paris, Belgium and Germany, and does not hesitate to
say, that there is no instrument, however complicated or
minute it may be, whose construction he is unacquainted with,
or which he could not manufacture.

Deeply impressed with the responsibility attached to the
maker of Instruments employed by the Surgeon, he will furnish
no instrument without a conscientious certainty of its being as
perfect as it is possible to make it.

As he has during the last three years been present at the op-
erations performed at the Surgical Clinics of the Colleges and
Hospitals of Philadelphia, he trusts that he understands fully
the wants of the Profession in this important department. He
asks attention to his Artificial Legs, Arms, and Club-foot Appa-
ratus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hos-
pital.
Henry H. Smith, M. D., Professor of Surgery, University of
Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Penn-
sylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical
College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical
College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Levis, M. D., " "
Isaac Hays, M. D., " "
P. B. Goddard, M. D., " "

118

PROSPECTUS OF VOLUME THIRD.

In announcing the commencement of the Third Volume of the MEDICAL AND SURGICAL REPORTER, in its Weekly Form, the Proprietors embrace the opportunity of returning their thanks to the Profession for the very liberal support they have given it. And they desire in an especial manner to acknowledge their indebtedness to their brethren in this city for the encouragement they have received at their hands. The eminent success which has so speedily crowned the attempt to establish a Weekly Medical Journal in the emporium of medical teaching and literature in this country, has fully indicated our judgment in inaugurating the enterprise. Indeed, the work has, in the language of a correspondent, been "received with a shout" by the profession, permanently engrafting upon the medical literature of this country for the first time, weekly publications conducted on the plan we have adopted, and which has for so long a time been popular in Europe. The advantages of a weekly medical literature are so evident that we shall be content with a mere reference to them.

As an evidence of the favor with which the REPORTER has been received by the profession of the country and of its adaptation to meet the wants of the general practitioner, we would mention that we find, on reference to our books, that already there is not a State in the Union that does not furnish us with actual subscribers. New York gives us subscribers in seventeen counties; New Jersey gives us her almost undivided support; Pennsylvania gives us subscribers in thirty-seven counties, Virginia in fifteen, North Carolina in ten, Georgia in twenty-three, Alabama in ten, Kentucky in nine, Iowa in seven, Illinois in thirteen, Ohio in twelve, etc., etc. We mention these States as representing every section of the Union. In some towns, containing from three to half a dozen physicians, all of them are subscribers to the REPORTER.

The following is the plan of the work:

- | | |
|--|--|
| 1. Original Lectures on Special Departments of Medicine and Surgery. | 4. Reports of papers, read and discussions had before Medical Societies. |
| 2. Original Communications. | 5. Brief Reviews and Notices of Books. |
| 3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and schools of this and other cities. | 6. Editorials. |
| | 7. Correspondence. |
| | 8. A Weekly Domestic and Foreign Periscope. |
| | 9. Medical News. |

The Communications which have been in course of publication since the commencement of the second volume

ON ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY,

will be continued, and will be found to increase in interest as they progress. They will be fully illustrated, and when those portions of the body are treated of that are the most liable to injury, they will be found to afford to the physician practical information that he will seek for in vain in the books. These articles, when completed, will make a most thorough work on Anatomy, and divest the subject of what have been regarded as its uninteresting features.

The Reports of *Hardy's Lectures on Diseases of the Skin*, which have been interfered with by the illness of Dr. Bolling, will be resumed soon.

The Clinical Department, under the head of

ILLUSTRATIONS OF HOSPITAL PRACTICE,

will be sustained with vigor, and shall not be surpassed by any similar reports in this country. The reports of the clinical lectures will be taken down by a competent reporter, and then be submitted to the revision of the lecturers; and thus this department will be a true exponent of the teaching and practice of the most distinguished teachers of medicine in our country.

We shall give correct reports of the most important *Debates before our Medical Associations*, which will be found to convey much practical information in a very interesting and pleasant style.

The *Editorial Department* will receive special attention. Under it we shall discuss matters of general interest to the profession, publish home and foreign correspondence, and give a full weekly summary of MEDICAL NEWS.

We shall also give increased attention and space to the

PERISCOPE DEPARTMENT

of the work, under which we shall give full summaries of Domestic and Foreign Medical Literature.

It will thus be seen that we propose to make the REPORTER a complete and PRACTICAL exponent of Medicine and Surgery in all their departments. To the full attainment of this object nothing that our means can command will be spared, and we confidently look to the profession for their countenance and support.

The REPORTER is issued every Saturday morning, each number consisting of twenty-four pages of super-royal octavo size, and printed with a clear type on good paper. There are two volumes a year, with index and title page.

Terms.—The subscription price is \$3 a year, or \$1.50 for six months, payable in advance. Subscriptions must begin with and include a volume. The REPORTER will only be sent to those who pay for it. Notice will be sent to subscribers at the termination of their subscriptions. Current paper, postage stamps or gold, (firmly secured between cards or thick paper, and the envelope well closed,) will be received in payment.

The REPORTER can be supplied from the commencement.

Communications, Essays, Items of Intelligence, Biographical Sketches of distinguished men, etc., etc., are respectfully solicited.

Address the Editors, Philadelphia, Pa. Office No. 1319 Chestnut street, below the U. S. Mint.

S. W. BUTLER, M. D., }
R. J. LEVIS, M. D., } Editors.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 148.

PHILADELPHIA, AUGUST 20, 1859.

NEW SERIES, }
VOL. II. NO. 21.

Original Communications.

A Case of Hernia-Cerebri, or Congenital Encephalocele.

By W. S. FORWOOD, M. D.,

Of Darlington, Md.

January 31, 1859. This morning I was called to see an infant that had just been born, with the expectation on the part of the parents that medical or surgical aid could be rendered available in reducing or changing an abnormal development. The facts are as follows:

P. M., a healthy colored woman, about 36 years of age, having previously given birth to six or seven healthy, well-formed children, was delivered of twins, by a midwife, immediately before I was sent for. One of them, the male, was of good size, and well developed in all respects; the other, a female, was near one-third smaller, and presented a large, elongated, pyriform tumor upon the back part of the head; occupying the region of the *os occipitis*.

This tumor and the child's head both resembled very closely in shape, though not so large, the monster fœtus that some years ago came under the observation of Dr. Rohrer, of Philadelphia, and is figured by Prof. Meigs, in his work on *Obstetrics*, (1st ed. pp. 190, 375.) The head of the infant was quite small, and the tumor was as large as the head, or about $2\frac{1}{2}$ by 4 inches in its diameters. This tumor, however, was not of a hydrocephalic character, as was Dr. Rohrer's case. It contained, principally solid matter, as if the brain had protruded from the cavity of the cranium, (which was undoubtedly the case,) together

with a small quantity of liquid. No bone could be felt beneath the cranial attachment of the tumor, (which covered a space of about an inch and a quarter in diameter;) and this absence of a partition between the pendulous attachment and the encephalon, clearly established the case as one of *hernia-cerebri*, without the conclusive testimony of dissection. The head and features were hideously deformed and distorted. There was no elevation of the head above the eyes; the cranium retreated directly back from that point; the eyes were protuberant; the chin receding; and the facial integuments wrinkled and shrunken. The pedicle of the tumor was supplied with hair, like the scalp, as in the case above referred to; the remainder was covered with ordinary skin, appearing like that upon the neck. The neck was so short that it could scarcely be said to have any; the head seemed to be united immediately to the shoulders. The tumor was not so large as to offer any impediment to labor.

This infant lived nineteen days, although it could not, from physical incapacity, draw any milk from its mother's breast, and could with great difficulty swallow when fluids were put into its mouth. It never cried, but would occasionally make a slight groaning noise deep in the throat. Its eyes were kept almost constantly closed; and during the greater part of its life it was affected with weak and transient spasms. Of course nothing was attempted towards changing the state of things; and the family were informed that, from the nature of the case, it was impossible for the child to live more than a few days, or, at most, a few weeks. Unfortunately no post-mortem examination was had, as the child was buried some days before I was informed of its death.

In my comparatively limited range of reading, I have not met with a report of any case similar to this, except that of Dr. Rohrer's, and his differed from the present one, by being a case of hydrocephalus externus; the water having formed in such a large quantity as to make it necessary for it to seek an outlet from the cavity of the cranium.

The case reported by Mr. J. Z. Laurence, in the *London Lancet* for Dec., 1857, (American re-print,) under the head of encephalocele, it would seem by the history and the illustration accompanying it, was improperly so called—the enormous tumor being composed, like Dr. Rohrer's case, altogether of fluid, with the exception of a small solid mass at the base of the pedicle of the sac, and there being no consequent deformity of the head.

Since the above was penned, I have read the report of another case of encephalocele, by Mr. J. B. Thompson, in the August number of the *Lancet*, (re-print) for the present year, (1859.) This case is very similar to that of Mr. Laurence; the sac was filled with water, and post-mortem examination revealed the presence of a portion of the cerebellum, about the size of a walnut, protruding beyond the cranial walls. He does not allude to the existence of any deformity of the head.

The interesting features of the case that I have noticed are, the large amount of brain extended, as indicated by the feel of the tumor, and by the evident deficiency within the diminished and deformed cranium, and the fact of the child surviving so long after birth in this condition, without taking scarcely any nourishment.

Mr. Laurence states that only about eighty cases of encephalocele (or *hydro-cephalocele* as some of the cases might more properly be called,) have been recorded in medical history.

While upon the subject of infantile cephalic tumors, it may not be out of place to add a short report of another variety. Some years ago, while a pupil of Dr. Warrington's in the *Philadelphia Obstetric Institute*, I met with a case in which a tumor formed upon the head of a child after its birth; at least it was not

observed until the following day, when my attention was drawn to it by the nurse, who had just discovered it. It occupied (as I see by referring to my notes taken at the time) the upper portion of the left leg of the lamdoidal suture, and was about the size of an almond when first noticed. It was rather soft, but not at all fluctuating or painful to the touch. The infant was full sized, and in all other respects seemed perfectly well. This tumor continued to grow for two or three weeks, having in that time spread over a surface of about three inches in diameter, and become elevated rather more than half an inch.

Dr. Warrington visited the child with me on one or two occasions, and considered it as a very singular case. He was inclined to the opinion at first that it was a case of sanguineous effusion in the cellular tissue of the scalp, but afterwards doubted this view. As the child did not appear to suffer at all, we resorted to no treatment except the constant application of slippery elm poultices. At about the third week, when the tumor had attained the above mentioned size it ceased to enlarge, but maintained this size without diminishing in the least for two weeks longer, when the term of my pupillage having expired, I left the city, and have never heard anything of the case since.

These crude and fragmentary contributions to pathology, though possessing little value in themselves, may, when added to the general stock, be found as useful mites.

Case of Epilepsy Successfully Treated with Strychnia and Nitrate of Silver.

By S. N. PIERCE, M. D.,
Of Cedar Falls, Iowa.

I was called to see Miss C., a strong plethoric girl, aged fifteen years; had enjoyed perfect health until about two months ago, when she commenced having what her mother called "nervous spells," which were slight spasmodic movements of the muscles of the face and upper extremities. These attacks were so *slight*, at first, as to be scarcely noticeable, but gradually increased in frequency and severity until about the time I was called in, when they amounted to fully formed, convul-

sive and comatose paroxysms. Patient has a brother, twenty-two years of age, who has been afflicted with epilepsy ever since he was fourteen. The disease has already produced in him a state of almost complete imbecility. Could discover no other reason for supposing the disease to be hereditary. Miss C. commenced menstruating when thirteen years of age; has been perfectly "regular" ever since. Could discover no uterine derangement; found some tenderness in the region of the dorsal vertebræ, but not at all marked. The convulsions came on without any regularity as to length of the intervals, sometimes having two attacks in a day, and then going for a couple of days without having any. The paroxysms generally lasted from five to ten minutes; face flushed, but no distortion of features; pulse frequent and full. As the convulsion passed off, the muscles became perfectly relaxed, and patient fell into a profound slumber. When first called, I prescribed nitrate of silver and sulphate of zinc. This treatment was continued for about ten days, the patient apparently receiving no benefit from it. I then added extract of stramonium to my former prescription. This seemed at first to control the disease somewhat, but lost all its influence (if any it had) after the system became somewhat accustomed to it, although it was given in increased doses. This course was pursued for about three weeks, at which time I became confident I was not meeting the requirements of the case, and adopted the following prescription:

R. Ext. Stramonii,
 " Conii ʒi. xv.
 Strychnia (cry.) gr. ii.
 Argent. nitr. ʒii. M.
 et div. in pil No. xxx.

Of these I gave three a day. This course was pursued perseveringly, the amount of strychnia and nitrate of silver being slowly increased until I found the disease gradually yielding to its influence. I now have the satisfaction of feeling that the disease is subdued, the patient having had only two convulsions during the last five weeks, and these being very slight, occurring in the night, while she was asleep.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

DEFERRED CLINICS.

JUNE 15TH.

Service of Dr. Neill.

(Reported by Mr. J. B. Hayes.)

Iritis.—The symptoms which this man presents are those of iritis, involving but one eye. The pupils are differently tinged—The sound one bluish, the diseased greenish. The cornea is encircled by a red zone, not uniform in color or extent. The pupil is irregular and contracted; its edge is ill-defined from the effusion of lymph upon it. There is dimness of vision, and pain over the brow.

Treatment—The indications are to promote the absorption of lymph from the iris, and to dilate the pupil. In this case the first is fulfilled by iodide of potassium, and the second by atropia.

This man will not be depleted, bled or cupped. It is a false principle to act upon in medicine that because a man has iritis, the remedies placed opposite iritis in the books are invariably to be used.

Iritis may often be looked upon as a tertiary symptom; the case before shown was of a syphilitic diathesis. I mentioned that I should not mercu-
 rialize him. This man had a bubo six years ago, but syphilis is not the necessary cause of it. He has no other evidence of venereal disease.

Results of Treatment—Case 1st.—Iritis: negro, somewhat improved; no pain; sight improved; had some conjunctivitis.

Treatment.—Nitrate of silver was applied as a sedative. Has been under iodide of potassium, and belladonna externally. Absorption is progressing.

Case 2d.—Hand crushed between two ships. The extremity of the ring finger, which was adherent only by skin, has reunited by granulation.

Treatment.—Flaxseed poultice at first, afterwards compression by adhesive strips.

Case 3d.—Had fracture of both bones of forearm, not perfectly firm even now; arm in a sling. No splints on, because the deformity had disappeared. Splints have nothing to do with the deposit of bone; they only prevent its deposit in an irregular manner when the fragments are movable.

Case 4th.—Fracture of leg, near ankle joint, occurred seven weeks ago by baggage crate falling on the foot. Walked into the amphitheatre with pasteboard splints; nearly well. The oedematous swelling of the foot was a source of complaint and

inconvenience, to be obviated by cold water douches, and bandaging.

Case 5th.—Fracture of the leg of twelve weeks standing. Became compound secondarily. Abscesses formed and were opened by the knife.

The bone has here united, like the flesh, by granulation, and not by a nucleated blastema as in immediate union or simple fracture. About to be discharged cured.

Case 6th.—Fracture of the leg, complicated at the ankle joint. The malleoli displaced, caused by a hog'shead rolling upon the leg backwards, the most serious fracture, without being compound, that could occur in the leg. He has been treated by fracture-box, and will have a useful limb, with some deformity. Walks well, without support.

Case 7th.—Laceration of the leg. Its preservation was at first, doubtful. A large surface, almost surrounding the leg, has filled up quite to the level of the skin with granulations, and is almost completely cicatrized. Some necrosis of the tibia has delayed the cure. The swelling of the foot is caused by the arrest of venous circulation. He is now able to walk.

The *Treatment* has been flaxseed poultices and nutritious diet, with stimulants and tonics.

Case 8th.—Compound fracture of thigh. Walks pretty well, notwithstanding he had fracture of the leg previously, with shortening, on the same side.

JUNE 18TH.

Hydrocele cured by Seton.—This patient is about to be discharged cured. The tunica vaginalis is now, I believe, completely obliterated. It has been tapped and injected with strong tincture of iodine repeatedly by different surgeons previous to this operation, which was the introduction of silver wire as a seton.

He had also hydrocele of the cord, which was operated on and removed by Dr. Peace.

The seton should not be allowed to remain in the tunica vaginalis more than three days. Applications of ice and leadwater and rest, have been necessary to reduce the swelling, which has been very long in disappearing.

Results of Treatment in Fractures, Four Cases.—These patients all walked into the amphitheatre, exhibiting various degrees of union and usefulness of the limb.

Case 1st.—Fracture of the leg, been in four weeks. Hardly strong enough to bear his weight, but, guarded by pasteboard splints, sufficiently firm to walk upon with crutches.

Case 2d.—Fracture of the thigh. Rather tardy union; has been in three months; some rigidity about the joints and oedema of the limb. Had fracture of the other thigh some years ago; probably a tendency to *fragilitas ossium*.

The limb has been allowed to remain shortened to match its fellow.

Case 3d.—Fracture of the thigh, occurred at sea. Came in three weeks after the accident took place. No extending apparatus had been used; the retraction could not be remedied. There is an inch and three-quarters shortening.

The peculiarity of the case is the swelling, which remains about the seat of fracture, showing the abundance of reparative material. The callus is ensheathing and not merely intermediate.

The limp is very perceptible in his gait, but less than would be supposed from so great shortening.

Case 4th.—Fracture of the leg in a boy. The union is more rapid than in adults. He has been in three weeks. The fragments do not slide when only moderate force is applied to them.

Knee Joint Disease—Case 1st.—This is the disease commonly known as white swelling, a term which has nothing definite in it, and often used to conceal ignorance of the disease. It is an inflammation and enlargement of the joint without redness.

This disease is pathognomonic of a certain diathesis, or of certain depressing influences. The name is an unsatisfactory one, no more characteristic than red swelling; but it is a popular word, and you cannot altogether discard its use. You can obtain no clear ideas of it until you are obliged to examine the interior of the joint.

White swelling involves a great deal—all the tissues of the joint, either primarily or secondarily. The synovial membrane is destroyed by a pulpy, gelatinous degeneration. The ligamentous and cartilaginous tissues are also destroyed, not only so far as appearance goes, but in their structural formation, as shown by the microscope. There is also osteitis, and the pain is dependent on this and on periostitis.

This disease is of long duration. The destruction or reparation goes on slowly. In this instance it is of three years and three months standing. This time is not to be considered the extreme period. Six years may be necessary to develop the changes, either towards cure or destruction. He has not been all the time confined to his bed. The last aggravation of the disease was occasioned by a fall which he received a week before he came into this house.

He has suffered severely from pain, especially nocturnal exacerbations, with jerking and spasmodic

twitchings when dropping to sleep. The seat of the pain he locates, as is usually the case, at the inside of the head of the tibia.

Prognosis.—You should be prepared to express an opinion on this disease. You will meet it in practice not alone in the knee, but in the elbow, ankle and shoulder. I have said it was a slow affection in its progress. It may terminate in suppuration and discharge of the bones by a tedious process through orifices, with hectic, in such cases necessitating the removal of the limb.

Again, it may yield to the proper treatment and easily get well. The prognosis depends much on the constitutional vigor.

Treatment.—In the treatment there are few elements. They are nutrition, position of the limb, rest and counter-irritation. The diet should be supportive, and should consist of animal food, with cod-liver oil, quinine and iron.

Case 2d.—Duration of disease three years, aggravated by a fall on the 8th of March; has been more or less lame, and refers the pain to the same spot as in the last case. He has been in the house but a week, and the circumference of the joint has diminished half an inch in that time.

His *treatment* has been constitutional and local, the most nutritious food that he could digest—in quantity stopping short of overloading the stomach and producing dyspepsia or diarrhoea—porter, quinine and iron.

Anodynes for the relief of pain should be used with caution. They interfere with digestion, and in a chronic disease the patient becomes dependent on them for his sleep.

The body and the joint must be placed *at rest*. A white swelling never will get well while the patient walks about. Efforts should be gradually made to straighten the limb. This attempt should be remitted while the joint is painful: but it can be straightened, unless there has been complete bony fusion.

A relapse is often caused while the limb is progressing favorably, by too great anxiety to straighten it. Too sudden or extreme pressure made by a bandage will renew the worst symptoms, and all has to be done over in the treatment.

The *local applications* depend on the symptoms present. Pain is relieved by an emollient poultice which has laudanum combined with it. A liniment of chloroform, camphor and tr. of aconite, is often a beneficial application. Painting with iodized collodion is also a useful part of the treatment.

Fracture of the Lower Jaw.—This patient fell, ten days ago, from a platform, striking on his face. He received some contusions about the eye and temple,

which were dressed with cold water. His symptoms at first were those of concussion. After reaction he had a convulsion. He was given a terebinthinate enema and a purge of calomel. He is now able to walk into the amphitheatre.

The fracture is between the central incisors, but it is not a symphyseal fracture. The symphysis is the crown of the arch. It is strengthened by a ridge in front and behind, and its fracture is not of frequent occurrence.

The fragments will be secured together by wiring the teeth, either the first or second contiguous to the fracture. Barton's bandage for the lower jaw was afterwards applied.

Operation—Double Cataract.—The patient walks in with a gait peculiar to cataract. He holds his head down to prevent the light from contracting his pupils.

A patient with amaurosis wants the stimulus of light, raises his face to it, and sees better on a light day. The patient with cataract excludes all the light he can, dilates his pupil, and sees best in a dark day.

Cataract is an opacity of the lens or of its capsule. An opacity of the pupil is not always cataract, and it is important always that you should recognize its true character. Patients have been operated on for cataract who have had only lymph in the pupil, or a spot on the cornea. A dull gray appearance of the pupil is often caused by absorption of the pigmentum nigrum.

I prefer the operation by *absorption*. The aqueous humor has a remarkable solvent power. Even pieces of metal lodged in the iris will disappear. The lens here will not be displaced, but divided or perforated. The needle is introduced about two lines behind the cornea, and its point brought in front of the lens, behind the posterior portion of the iris. It is not to be plunged directly into the circumference of the lens. When introduced, it is to be used as circumstances may require. If the cataract is hard, there will be difficulty in dividing it, and you will then have to be contented with merely perforating it. If you attempt to chop it into pieces under such circumstances, you may dislocate the lens into the ante-chamber, and inflammation will be apt to follow. It is better to repeat the operation than that the eye should be lost.

The operator can best hold one of the lids himself. It is to be held so as to slide the cartilage down upon the eye.

The patient has starved himself for the operation previous to coming into the house. This is a popular idea, now in good measure abandoned. After the operation, it is well to avoid a stimulating diet. He should be confined in a dark room, with restricted diet.

Medical Societies.

THE NATIONAL DENTAL CONVENTION.

Agreeable to instructions, the delegates sent by the Dental Societies and Dental Colleges in the United States to the National Dental Convention, met at 8 o'clock, on Wednesday evening, Aug. 3d, 1859, at Niagara Falls, to determine upon the expediency of forming a National Dental Association upon a representative basis.

On motion of Dr. H. J. McKELLOPS, of St. Louis, Dr. W. W. ALLPORT, of Chicago, was elected Chairman of the Convention, and Dr. J. TAFT, of Cincinnati, Secretary.

In entering upon the discharge of his duties, the Chairman stated the object of the meeting, and remarked that whilst it was a matter of regret that the number of societies in the country was so limited, it was gratifying to find such a fair representation present from the existing associations. He then requested the Secretary to read the memorial that had started this movement.

MEMORIAL.

The undersigned practitioners of Denistry, believing that a National Association of Dentists, composed of Delegates from State, county and local societies, and Dental Colleges, would be calculated to promote the best interests of the profession, respectfully suggest to the Dental Societies and Colleges throughout the country, the propriety of electing delegates to meet in Convention at the Falls of Niagara, on the first Wednesday of August, 1859, for the purpose of forming, if the assembled delegates shall deem it expedient, a National Association, upon a representative basis.

After the memorial had been read, a committee of three was appointed by the Chair, to examine the credentials of the delegates present: Dr. J. L. SUESSEROTT, of Chambersburg, Pa., Dr. Wm. M. Wright, of Pittsburg and Dr. Jas. Taylor, of Cincinnati, constituted the committee. The credentials having been examined and found satisfactory, the committee reported that representatives were present from the Ohio and Pennsylvania Colleges of Dental Surgery, and eight Dental Societies located in different States of the Union. The report was accepted.

The following was then offered by Dr. J. H. McQUILLEN, of Philadelphia:

Resolved, That a committee, composed of one member from each delagation present, be appointed to draft a Constitution and submit the same to this Convention, its final adoption to be left until the next annual meeting.

Several amendments were offered, but the original resolution prevailed, with the slight modification that the Committee should consist of three members.

Drs. J. H. McQuillen, of Pa., Wm. M. Wright, and Jos. Richardson, of Ohio, were appointed the Committee.

On motion, the meeting adjourned to assemble at 4 o'clock, on the following afternoon.

At the adjourned meeting held the next day—

The Committee on Constitution offered a report, of which the following is a brief summary:

MR. CHAIRMAN AND GENTLEMEN—

The Committee appointed by this Convention to draft a Constitution, beg leave to report that they have attended to the duty assigned them; and would respectfully offer the following plan of organization, trusting that its imperfections and shortcomings may be remedied by your reflections and the judgment of those who shall participate in the final adoption of a constitution for the proposed Association. A due regard for our own reputation, as well as a just appreciation of the rights of others, make it obligatory that we should state, and desire the same to be placed upon record, that the plan of organization we submit to you is based upon a constitution that was framed by some of the brightest and best minds of our country after years of deliberation. We refer to that of the American Medical Association.

The plan proposes that membership with the association be held either as a delegate from a Dental College or Society, as a member by invitation, or as a permanent member. The officers necessary to such an association are to be elected each year. The association to be divided into sections or committees to expedite business and to afford opportunities for a thorough consideration of the different departments that are embraced in the science and art of Dentistry. The Committees are, of Arrangements, of Publication, on Prize Essays, on Scientific Investigation, (embracing Anatomy, Physiology, Microscopy, and Chemistry,) on Dental Surgery, on Mechanical Dentistry, and on Dental Education and Dental Literature. The transactions to be published annually at the expense of the association.

After the report of the committee had been read, on motion of Dr. McKELLOPS it was received by the Convention.

Dr. JAS. TAYLOR then moved that the report be recommended, with instructions to mature and amend it if necessary, and publish it in the Dental Journals as early as next November. Adopted.

Dr. J. L. SUESSEROTT offered the two following resolutions, which were adopted.

Resolved, That this Association suggest to the Dental practitioners residing in sections of the country where there are no local or State Societies the propriety of forming such associations, and electing delegates to meet this convention at its next session.

Resolved, That this convention hold its next meeting in Washington city, on the last Tuesday in July, 1860, at 12 M.

Dr. JAS. TAYLOR was requested by the Chair to procure suitable accommodations for the next meeting.

On motion of Dr. J. TAFT, it was resolved that

five persons be appointed to prepare and read essays at the next meeting. Each person to select his own subject.

The Chair appointed Drs. Taft, McQuillen, Richardson, Watt, and Buckingham, to prepare essays

On motion of Dr. JAS. TAYLOR, it was

Resolved, That the delegates to the convention to be held in July next must be practitioners of Dental Surgery, and that each college be entitled to send one representative, and each association one delegate for every five members.

On motion, adjourned.

Reviews and Book Notices.

THE ACTION OF MEDICINES IN THE SYSTEM; or "On the mode in which Therapeutic Agents introduced into the Stomach produce their peculiar effects on the Animal Economy." Being the prize essay to which the Medical Society of London awarded the Fothergillian gold medal for MDCCCLII. By Frederick William Headland, M. D., etc., etc. *Third edition, revised and enlarged.* pp. 463. Philadelphia: Lindsay & Blakiston. 1859.

This is one of the really good works on medicine that has been published within the past few years. Any intelligent observer who can throw light upon the mode in which remedies act on the animal economy, and thus aid in firmly establishing principles which shall be reliable guides in their administration, does the profession of medicine a signal service.

The practice of medicine has, with no inconsiderable show of justice, been liable to the charge of empiricism, more, we believe, however, on account of the ignorance and indolence of its votaries than because it had no claim whatever to being a positive science. There are certain starting points in the action of therapeutic agents on the animal economy, as is evident to the most superficial observer, that are as "positive" as anything finite can be, and these, if the profession is true to itself, may eventually be made the foundation stones of a science that will shower untold blessings upon the human family. As an evidence of this, we have but to point to the work before us.

This essay was called forth seven years since by a prize in the gift of the Medical Society of London, since which time it has passed through three editions, thus affording evidence of its merit, and of increasing appreciation on the part of the profession for works on medical philosophy.

To practice medicine empirically is so easy

a thing, and the inducements to do so are, on account of the credulity of mankind, so great, that it requires some decision of character to coolly sit down with a book like this, which investigates the *reasons* why rhubarb, jalap and senna purge, or ipecac. vomits, or opium narcotises, or ether quiets, while strychnia stimulates nervous action. But, after all, this is just what the practitioner of medicine should know, if he desires to practice intelligently and creditably to himself and to the advantage of his suffering fellow creatures. The conscientious physician will find in Dr. Headland's book a vast fund of knowledge that will, if properly used, elevate him so far above the indolent and ignorant empiric that the public will be compelled to acknowledge his superior claims to confidence and support.

After some *Introductory Remarks*, our author, in chap. 2, presents some of the more important *Classifications of Medicines, and the Opinions of Authors respecting their Action*. In chap. 3, which comprises the bulk of the volume, (309 out of 463 pages,) he treats under ten propositions of the *General Modes of Action of Therapeutic Agents introduced into the Stomach*; and chap. 4 treats of *The Action of some of the more important Medicines in Particular*. A large amount of new matter has been added to the present edition, most of which comes under the last chapter.

In comparing the present with the preceding edition, we observe a decided improvement in typographical execution and the quality of the paper used.

In conclusion, we cannot but express the hope that our readers will *all* add this valuable work to their libraries, and study its contents diligently. Let them become thoroughly grounded in **THE PRINCIPLES** of medical science, and the details will follow as a matter of necessity, if they are what every physician should be—practical men.

THE PHYSICIAN'S VISITING LIST, DIARY, AND BOOK OF ENGAGEMENTS, FOR 1860. Philadelphia; Lindsay & Blakiston, No. 25 S. Sixth street.

The "Visiting List" has become an indispensable necessity to almost every physician in this city, and as soon as its convenience and utility are generally understood, no practitioner in city or country will be without one.

It presents a daily record of patients, and is a compact and systematic way of making original entries, which would stand as legal evidence of the same. Its size makes it conve-

nient to be carried in the pocket, and it is bound in durable style.

For durability, neatness, portability, and general arrangement it has no equal.

We give it an early notice, that all may find time to order it. Price, from 50 cents to \$1.25, according to size and binding.

Editorial.

THE SEA SHORE IN THE AUTUMN.

The time is almost at hand when the "season" at most of our popular watering places will close. The keen air of the mountain resort will warn the sojourner to leave; the now deserted halls at the frequented springs will present no more attractions, the ramble of the tourist will be ended, and the very few weeks, allotted for the annual rustic pilgrimage of fashion, will be over.

It is to be regretted that the time which custom has apportioned for summer recreation is so brief. For the invalid now to return and exchange an invigorating ocean or mountain breeze for the sultry and oppressive atmosphere which usually prevails in the city during this and the coming month, may be very prejudicial to him. The short period of the general "stampede" may also be neither convenient, nor its bustle and crowding very agreeable to every one.

The Sea Shore continues longest and latest in the season to present its natural attractions and genial atmosphere to the invalid. We have the advantage of having near us at least one delightful sea-side resort which is not made lonely by desertion even in the month of October; and which is very accessible, and unsurpassed for its accommodations and splendid dashing surf. During the month of September the water at Atlantic City is known to be warmer than at any other time, and the increased means of recreation for those whose diversions lead them in the healthful pursuit of either fin or feather, the shooting and fishing season then coming on, add to the many

attractions. The dryness of the air, for which Atlantic City is remarkable, continues through the autumn, and the place is entirely exempted from those sea-fogs which produce so much inconvenience at most other resorts on our coast.

Sea bathing may be advantageously continued through the month of October. On the subject of bathing late in the fall, Dr. Bell, in his learned work on Bathing, makes the following remarks:—

"Even when the weather becomes cool, and the temperature of the water is undoubtedly lower than during the summer, it is a matter of experience and observation that some persons prefer the autumnal season for their bathing. They allege that the shock is greater and the reaction correspondingly prompt and more decided. Hence we may infer that the more robust and sanguine, and those whose ailments are associated with, if not kept up by considerable excitement of the general system, or even of a particular organ, may find their advantage in *autumnal bathing*. Were this latter more the practice, not to say the fashion, among us as it is in England, and to a limited extent in France, the full hygienic as well as the therapeutical effects of sea bathing might be participated in by a much larger number of persons."

Beside the bathing, the ever pure air from the sea continues during the autumn as temperate and as balmy as it is at an earlier season. So we admonish those who are still enervated, or who have been detained at home during the temporary flight of fashion from the metropolis, that there is still time and a place to enjoy all the beneficial and rational pleasures of the shore.

The N. Y. Med. Press, publishes a long article copied from a Philadelphia newspaper, showing the acknowledged commercial superiority of New York. This is offered as an argument as to the attractiveness of that city to medical students. But fortunately, students in seeking a medical education desire neither to buy, sell, or *be sold*. New York is a great city of shop-keepers, with a dense population packed into about one third of the space of Philadelphia and crowded into less than half the number of dwelling-houses.

Periscope.

FOREIGN.

From the German by L. ELSBERG, M. D., of N. Y.

(Continued from page 348.)

Report on Staphyloma Posterius.—II. As to the symptomatology we may, with *Noizet and Geissler*,* follow *Prof. Jüger*, who describes three stages of the disease:

1st stage. The eyes easily fire, and after fixation on any object for a little while, they water, and a painful sensation of tension is felt in the depth of the orbit. Recognition of objects is, however, as yet perfect. The large majority of those affected, are short-sighted; while myopia may have existed alone for a longer or shorter period, and the patient may see quite well by the aid of his spectacles. But soon, even with this aid, close vision cannot be long continued; stronger glasses occasion, after a dubious improvement, still sooner and greater fatigue, pain in the eye, *slight congestion, misty sight of objects*, without distinct outlines, are then complained of, especially by all who, from their occupation, must bring the eye very near the objects; in one word, most of the symptoms of asthenopia (*hebetudo visus*) are superadded to those of myopia. If the patient does not have to use the eye for fine work, he may notice only a moderate diminution of the visual distance; such a person is, altogether but very seldom affected with this disease, and never to any extent, unless affected by some other lesion, primarily, in the posterior part of the eye.

Beside the subjective symptoms mentioned, careful observation will reveal a somewhat dilated pupil, and particularly a remarkable enlargement of the anterior chamber. Yet all these symptoms can give rise to a more or less strong suspicion only; *diagnosis* must be founded entirely on ophthalmoscopic examination.

In the inverted image, the papilla of the optic nerve is seen, through the still transparent media of the eye, to be horizontally broader, the outer half of its naturally circular boundary being extended, and, indeed, quite indistinct. The retinal vessels show unchanged. In the upright image there can be distinguished (with a *Jüger's* ophthalmoscope, which magnifies 24 times) a reddish-yellow coloration of the papilla, and close to it, on its outer side, a small half-moon shaped figure, distin-

guishable from the papilla by its lighter, i. e. plainly whiter color. The central vessels running across are seen to have undergone no change. The outer convex curvature (i. e. that turned towards the macula lutea) is regular, and does not surround quite half of the circumference of the optic nerve. At the limits of the macula lutea, the choroid has its usual (or even a somewhat deeper) redness.

2d stage. Short-sightedness has increased very markedly. In an exceptional instance of the disease, related by *von Gräfe*, occurring in one eye of a presbyopic person, while the other remained far-sighted, extraordinary asthenopia, which concave glasses only increased, was present, together with severe headache, misty vision, etc. Usually, however, sight remains perfectly distinct through this stage, but great pain in the eye is felt very soon on looking at objects in close proximity. The pupil is greatly dilated, but reacts normally; the anterior chamber of the eye, though the cornea has remained normal, is much enlarged. If the patient looks strongly inwards, the antero-posterior diameter of the eyeball can be seen to be increased, and it is possible, sometimes, to see even a bluish spot at the posterior part of the bulb glimmer through. The amount of increase in diameter may be approximately measured, as suggested by *von Gräfe*. Have the eye turned very much inwards, and let the lids be gently closed; place one point of a pair of compasses, that may be guarded with a bit of cork, on the eye, corresponding to the centre of the cornea, and the other exactly upon the external commissure of the lids, pressing it towards the bottom of the bulb; and compare the distance the two points are apart, with the normal antero-posterior diameter of the eyeball ($23-24$ m'mtr = $0.906-0.945$ Engl. inch). To the touch the eye is much harder than normally. It is moved outwards with some difficulty.

The ophthalmoscope shows in the inverted picture a shining white reflection from the inner and upper lines of the optic nerve, while the papilla is dim and barely distinguishable. The crescent shaped figure seen in the first stage, is still present, sometimes even enlarged—only towards its convex border however, hence, resembling a truncated cone, the curved base of which surrounds the optic nerve, the apex looking towards the macula lutea. The retina is still normal. In the upright picture, the papilla has a pink appearance, the white speck strongly contrasting with it. If the latter be sharply defined, and sur-

* Loc. Cit.

rounded by the deep red color of the choroid, it is a favorable sign, since it indicates a stationary condition. If, on the contrary, its contours are faint, irregular or scalloped, with strongly pigmented portions of choroid in the notches, the disease is pursuing an acute course, and will rapidly involve healthy structure. The retinal vessels are quite distinct in front of the white speck, their smallest branches are beautifully visible; but after passing the limits of the speck they disappear, as if they abruptly entered deeper parts. The purely optical illusion here present, must not lead us to suppose a hyperæmia of the retinal vessels to exist. The macula lutea, notwithstanding the white speck is so near to it, is still in tact: hence it may be understood why, in spite of the progressing resorption of the substance of the choroid, vision is preserved. Even though the retina be less sensitive here, the white speck can render sight indistinct no more than the entrance of the optic nerve: in both cases judgment supplies what is deficient. Only when the degeneration has reached quite close to the macula lutea do patients ever complain of a dark shadow spreading over the field of vision, on the outside of the object viewed, and in this case sometimes also of being blinded with colored outlines. In several instances on record the patients could point out quite accurately the point where visual power ended. Liquifaction of the vitreous body is sometimes ushered in during this stage, but little as yet, however, impairing sight.

3d Stage.—The secondary phenomena of the disease now leave the back ground. The patients have long given up the recognition of small objects, near by, even with the aid of concave spectacles, on account of the severity of the fatigue and pain following. Now, even without fixing the eye on any object, they complain of changeable obscuration of vision, of great sensitiveness to light, and of phenomena of blinding, depending doubtless on sclerotic reflection. Subjective appearances of light, dark points and nebular masses are found in the field of vision besides. The pupil is now very much dilated and reacts slowly. The anterior chamber is *very deep*. The axis of vision on fixation passes by to the inner side of the object, since on account of the posterior sclerotic protuberance convergent strabismus has been developed. The bluish spot on the posterior part of the bulb on turning the eye in, is now more distinctly and easily visible. The ophthalmoscope reveals the

vitreous body more or less obscured. Instead of the conical white speck there is now an almost egg round, shining, white, larger speck visible, the papilla of the optic nerve is irregularly bounded, and the speck itself deeply scalloped with masses of pigment in the inlets. The inner semi-circumference of the optic nerve now also plainly shows a small white speck. Besides numerous *very small* white specks are seen in every direction, especially in the neighborhood of the macula lutea, which by this time is entirely involved in the morbid process. The tissue of the choroid being, however, not entirely atrophied these little white spots have not the characteristic reflection as the staphylome proper.—(*To be concluded in next No.*)

Excision of the Knee-Joint.—The *Lancet* says: Mr. Price has been fortunate enough to obtain what seem to be very reliable details of this operation, and from these it appears that the operation has been adopted on one hundred and sixty occasions since its revival by Mr. Ferguson, and that of this number thirty-two, or twenty per cent. have proved fatal. Now, if it be true that only one in five patients submitted to this severe operation has died, and that the majority of the remainder have recovered with a useful limb, it would seem that surgeons cannot often be warranted in amputating limbs for disease of the articular surfaces; for certainly the proportion of deaths after amputation is as great, if not greater than this; and moreover, no mechanical appliance can prove a substitute for a limb only slightly shortened, and well knit at the knee.

"Lead Colic:" its treatment by "Faradisation," and its Pathology.—In the Paris correspondence of the *Medical Times and Gazette* of July 23d, we find the following on the treatment of lead colic by electricity by induction, or *Faradisation* as it is now commonly called.

A house-painter, aged 34, was admitted a few days ago, laboring under all the symptoms of lead colic. It was his third attack. The first occurred as far back as 1843, and lasted eight days; the second took place three years ago, and he was then under treatment for a month. For some weeks prior to admission on the present occasion he suffered from uneasiness, with dull pains in the stomach and bowels. These pains assumed an acute character only two days before his entry into the

hospital, and were accompanied with nausea and vomiting. At the visit, and when first seen by M. Briquet, he was writhing with pain and constantly changing his position in bed. During the paroxysms, between which the intervals were but short, he lay on his face with the knees drawn up. There was considerable hardness and retraction of the abdomen, rendering it impossible for him to assume the erect position. The pain was not confined to the abdomen, but extended to the muscles of the chest, as well as to the lower extremities, —in the latter he complained of a feeling of numbness. The pain was, however, most acute along the course of the rectus muscle of the left side, and over the hypogastric region on that side. The features were contracted, and expressive of great suffering, but there was neither fever nor constipation. After a very short interrogatory, M. Briquet, having no doubt as to the nature of the affection, proposed the immediate application of electricity. The pain being, as we have already stated, more severe over the left and lower portion of the abdomen, he selected this spot for the Faradisation, which was conducted as follows:—A wet sponge was attached to one of the wires of the apparatus, while a metallic brush was attached to the other. These, it may be remarked, are the appliances in use when the Faradisation is to be confined to the skin. The sponge was then placed in contact with the body at the superior portion of the left rectus muscle of the abdomen, while the metallic brush was passed over that part of it where the pain was most severe. The machine, which at first was but feeble, was made by degrees to attain its maximum of intensity, and as it increased in power the brush was passed more and more rapidly over the skin, until it produced a considerable amount of redness. The operation lasted precisely three minutes and a half, at the end of which every symptom of colic had disappeared, and the patient who on admission was doubled up during the paroxysms, was now able to stand erect, and walk about the ward with the most perfect ease and altogether free from pain. Of course, it will occur to all who have had any experience in this peculiar affection, as it did to ourselves, that the mere removal of the local pain is not all that is indicated in its treatment; and hence that electricity applied, as described above, can only be viewed in the light of a palliative, other remedies being necessary for the elimination of the lead with which the system is supposed to be charged,

and on the presence of which the colicky pains are presumed to depend. This is no doubt true; but the removal of one of the most painful and most alarming symptoms by such a simple and speedy process as that of Faradisation is, from the novelty of the measure by which it was accomplished, not unworthy of attention.

The question naturally occurs, Faradisation being merely palliative, and the exciting cause of the colics still in operation on the system, are these latter liable to return? On this point we can speak most decidedly as well from our own observation as from the statement of M. Briquet, whose experience in the treatment of this affection has been extensive. In only one of the cases which we have observed, was a second Faradisation necessary, the others having been completely cured of their colics by one "*séance*" only. M. Briquet's experience in somewhere about a hundred cases carefully observed by him, goes to prove that a relapse is by no means common, and if it does take place, it is generally after an interval of five or six hours; but that if the patient pass twenty-four hours without any return of the colicky pains, no further Faradisation will be necessary. Having got rid of the most urgent and the most alarming symptom of this disease by means of Faradisation, the medical, or rather the constitutional, treatment employed by M. Briquet with a view to the elimination of the lead, is extremely simple, as compared, at least, with the medication generally in use.

* * * * It is as follows,—the Faradisation terminated, a sulphur bath is ordered, which is repeated every second day during the patient's sojourn in the Hospital. He is ordered to drink every day about four pints of lemonade, to which are added from thirty to forty drops of dilute sulphuric acid. A gum potion is also prescribed, containing from thirty to forty grains of alum; and each night, or every alternate night, as the case may be, a pill is ordered containing one grain of the watery extract of opium. It will doubtless appear singular, seeing that obstinate constipation is so frequently a concomitant of this disease, that in this treatment there exists no element of a laxative nature. Purgatives he never prescribes, and rarely ever has recourse to an enema. In almost all cases he has remarked that the bowels begin to act spontaneously from one to three days after the Faradisation has accomplished the removal of the abdominal pains. The object of this treatment is

simply the elimination of the toxique principle from the system; it exercises no influence whatever over the colics, nor is it intended to do so.

Pathology.—Seeing that the first part of the treatment, namely, the removal of the pain of the abdomen by means of Faradisation is somewhat novel, it may not be amiss to inquire here on what pathological grounds it is founded. Among the earlier pathologists there existed little or no difference touching the seat of this affection: all of them referred it to the digestive tube either in part, or throughout its entire extent.

* * * Giacomini, of Padua, discarding all the prevailing theories in regard to the origin of the pain, was the first to enunciate the views we now see acted on by M. Briquet, to wit, that the pain in lead colic has its seat not in the digestive tube at all, but in the muscular parietes of the abdomen and the diaphragm. This same opinion we find hinted at, although not formally expressed, by Andral, Grisolle, and others whose attention has been specially directed to this malady. M. Briquet's reasons for his faith in the theory of Giacomini are founded on the following observations:—If, during the examination of a patient suffering under lead colic, moderate pressure be exercised over the abdomen, by means of the fingers, in such a manner as to affect only the skin and the subjacent muscles, without interfering with the more deeply-seated parts, acute pain will be produced identical in its character with that experienced during a paroxysm of colic. Again, if pressure be exerted over the abdominal muscles at points under which the intestinal canal does not run, as, for example, over the crest of the ilium, an acute pain will invariably be the result. These two reasons taken in connection with the extension of the pain to the muscles of the back and limbs, which is often observed in painters' colic, he considers conclusive as to the purely muscular character of the pains. The constipation, he believes, has no connection whatever with the abdominal pain, as it sometimes persists for days after the latter has been removed by Faradisation. The nausea and vomiting he regards also as purely sympathetic, depending, it may be, on the extreme sensibility of the muscles, and this opinion derives countenance from the fact that these symptoms invariably disappear when the hyperæsthesia has been removed.

* * * In the treatment, by Faradisation, of the abdominal pains, or colics as they are

erroneously designated, if M. Briquet's theory be a correct one, it may not be uninteresting here to inquire what is the *modus operandi* of the electricity. Does the Faradisation, by introducing into the system some peculiar modifying influence, restore the nervous energy to its normal condition, which the poison of the lead may have diminished or deranged, and so put an end to the hyperæsthesia or preternatural sensibility of the muscles? Evidently no; because, granting the pain to have its seat in the muscles, as maintained by Briquet, the end would be better and more speedily accomplished by the direct Faradisation of these muscles. Again, are we to attribute to the electricity so introduced into the skin, an anæsthetic or deadening influence on the nervous filaments which supply the muscles? To this M. Briquet also says, No. Faradisation, according to him, acts purely and simply as a revulsive in this affection, and is perhaps one of the most powerful agents of this class which we possess. For this reason, the skin is Faradised until it becomes red, and almost invariably as soon as the redness is produced the abdominal pains immediately disappear. Sometimes this operation requires great firmness on the part of the operator, and no small amount of endurance and courage on the part of the patient, the pain experienced being excessive, as evidenced by the cries and efforts of the patient to escape from the hands of the operator. The amount of suffering should, however, prove no objection to the process, as the Faradisation can be perfectly carried out while the patient is under the influence of chloroform, the peculiar action of which does not, we believe, interfere, in any way, with the curative effects of the electricity.

AMERICAN.

Training of a Pugilist.—The following extract from a New York sporting paper, shows the care and attention paid by the trainers of prize-fighters to their diet and exercise. If as much care was taken by every one to use proper diet, and to live within the bounds of moderation, we would be a much more hardy and long-lived race. It was but a few days after Heenan and Morrissey pounded each other to a jelly, last spring, that we read in the papers of their perambulating the country to show how they did it; whereas, if they had gone into the fight in the "condition"

that many are, who are the subjects of accidents and come into the hands of the surgeon, at their residences or in our hospitals, they could scarcely have survived their injuries. Intemperance in eating and drinking will account for many fatal results of injuries.

"Norton rises at six o'clock every morning, and immediately starts off for a walk of from three to five miles, at a good round pace, attended by his trainers. On his return he is well rubbed down with coarse towels, till a healthy glow diffuses itself all over his body. He then works at the pulleys, which, with the walk, gives him a splendid appetite for breakfast, which he eats at eight o'clock. The repast consists of a good, solid porter house steak, with fat or seasoning of any kind, save salt, dry toast, and a cup of tea without sugar or milk. After breakfast he takes a rest for fifteen or twenty minutes, to allow the food to settle in his stomach. He then starts off on another walk of about ten or twelve miles, to Kingsbridge, returning by way of High Bridge. He gets back by eleven o'clock, in a fine perspiration, when he is again rubbed down, after which he puts on a suit of dry clothes. At twelve he dines off a mutton chop, steak, or broiled chicken—never more than one dish. Care is taken, as at breakfast, that the dish shall be dressed with Spartan-like simplicity. As before, dry toast accompanies the dish. He is allowed no potatoes, nor vegetables of any kind. Sometimes currant bread is substituted for the toast. His drink at dinner is a tumbler of sherry wine and water, or a glass of good old ale—never both. He drinks no water during the day, but quenches his thirst entirely with sherry and water, or ale. Dinner over, he rests for half an hour, after which he rows on the river, thus exercising another set of muscles. Rowing is said to afford exercise to the entire muscular system, and therefore to be superior to all other exercises in pugilistic training. About four o'clock he returns, when the shampooing operation is again performed, with as much particularity as if he were a valuable and high-mettled charger. He then takes a turn with the gloves with one of his trainers till tea is ready, at six o'clock. His meal is an exact copy of his breakfast, and is dressed and eaten on the same scientific principles. He then walks about to keep his legs in play till bed time, when he washes himself, and is again rubbed down. At nine o'clock he retires to bed, and enjoys a pleasant sleep till six next

morning, when the same routine is gone over again.

His exercises are varied by occasionally jumping in the sack to keep the muscles of his feet and legs in play, and he sometimes pummels away at the stuffed bag, and exercises with the dumb-bells."

Child with a Colossal Head.—*The Auburn Advertiser* gives the following account of this monstrosity: "The child is two and a half years old, and apparently in good health. Its body and limbs are of the ordinary size of a child at that age, and well formed; but the head is a wonder, being enormously enlarged, measuring 30 inches directly around it, and 32 inches over it from the front of the chin, and 28½ inches measuring from the occiput around the forehead. The head is still growing, and its parents informed us that it had increased 5 inches in circumference in one year. The 'general health,' as we have stated, is good; the child is bright and intelligent, but by no means philosophic, which the head would seem to indicate. It is free from those stupid, drowsy attacks experienced by those suffering from diseases of the brain. The child is the most perfect *lusus naturæ* that we have ever seen."

Marriages of Consanguinity.—In a very well written and interesting article in the *Boston Medical and Surgical Journal* for July 14th, Dr. John Bell of New York, questions the reliability of the statistics of Devay, Bemiss and others, on the evil effects of marriages of consanguinity. Dr. Bell shows that Devay, collecting statistics in a country (France) where the popular prejudice was that sterility is the most prominent result of such marriages, found a very large proportion of sterile marriages, while Dr. Bemiss, collecting his statistics in this country, where the popular prejudice points to some mental or physical imperfection in offspring, the result showed such to be the case in a very marked degree. At the same time, Devay observed no marked mental or physical imperfections, nor did Dr. Bemiss discover any large proportion of sterile marriages. Dr. Bell gives the statistics of twelve families in a small town of less than six hundred inhabitants, nine of whom were marriages of first cousins, and three of second cousins. There were no cases of sterility, and though the families had not all done having children, there were fifty-three. Two were still-born, two had hare-lip, to which, how-

ever, there was a hereditary predisposition; twenty-two of the children died, only ten of them, (including the still-born,) before the age of five years. Five of the deaths were occasioned by scrofulous diseases. This result exhibits nothing to support any of the popular notions in regard to such marriages.

There is no question that there is so much popular prejudice in regard to these marriages, that it is exceedingly difficult to obtain reliable statistics on the subject. Of the instances of marriages of this kind that have come under our own observation, we have not noticed any marked results tending to establish the popular notions in regard to them. In one instance of the intermarriage of cousins, out of a family of several children, one daughter was epileptic, while the other children showed marked vigor of intellect. True, it was commonly reported that one of the sons was a "hemaphrodite," but we believe without the slightest ground other than the popular prejudice in regard to such marriages. He afterwards married, but whether he has had children or not, we are unable to say. Another son married an own cousin, by whom he had children, and we never heard of any physical or mental incapacity in regard to any of them, and think there was none.

In collecting statistics on this subject, medical men should not lose sight of the popular prejudices, and should take pains to make personal observations as far as practicable, and sift thoroughly the reports of others. We commend the perusal of Dr. Bell's article to those who are interested in this subject.

Medical News.

The London Hospitals.—Dr. Fenner says in a letter to the *N. O. Med. News and Gaz.*—"The amount of charity extended to the afflicted poor of London is almost beyond calculation, and reflects great honor upon the liberality of her wealthy citizens. All the great hospitals are free to the poor; but besides these there are eighty-eight free dispensaries and other medical institutions of various kinds, devoted entirely to the relief of the poor. From the Medical Directory I learn that in only twenty-one of these institutions the average number of patients for a single year was upward of one hundred and ninety thousand. In a single one, the Metropolitan Free Hospital, the average number of patients for a year, was fifty thousand."

A Ladies' Association for the Diffusion of Sanitary Knowledge, has been recently formed in London. The *Lancet* says.—"the Society originated with a few ladies who believed that in the majority of cases the principal cause of a low physical condition was ignorance of the laws of health." They have issued more than twenty thousand tracts upon the management of children.

The American Association for the Advancement of Science. The Scientific American says,—That respectable body of scientific persons who meet annually for the purpose of ventilating their opinions on various highly interesting subjects, assembled on the 3d inst., at Springfield, Mass. The first business would seem to have been a convention among those savans who are anxious for distinction by having a string of capital letters after their name; and as the present name is too long, and A. A. A. S. would not look particularly well as a tail to "Professor," it is proposed to change the name of the association to the "American Scientific Society,"—A. S. S.!

How to Prevent Sun-stroke.—During the last few weeks, cases of sun-stroke have been unusually numerous. A prophylactic remedy has been suggested, which consists in placing a freshly cut cabbage leaf in the inside of the hat each morning, by which means, it is said, the head will continue cool under the hottest sun.—*Lancet*.

We have not much confidence in this expedient unless the head of the individual be of the same material, when an extra leaf may be a protection.

The *Philadelphia Ledger* absurdly recommends placing a handkerchief in the hat as a preventive. Such additions can certainly only increase the heat of the head. However, either suggestion is better than the frequent custom of carrying "a brick in the hat" on a hot day, which we believe to be the cause of much illness that is attributed to sun-stroke!

The *American Medical Monthly* finds in the *Vienna Weekly Med. Times* an account of an effort on the part of Dr. Elizabeth Blackwell, to get up a female medical college in London! The writer in the Vienna journal seems to be but illy posted as to Miss Blackwell's success in this country, for he attributes to her what is certainly news to us, viz: the founding in New York of a female medical college, which

has sent out two hundred graduates. The fact is, if Miss Blackwell had succeeded in this country at anything, it is not at all likely that she would have gone on a lecturing tour to England. Having failed here, she is going to see what can be made out of her English cousins, who, she has learned, are somewhat credulous in regard to American novelties, especially in the medical line.

We doubt whether there are two hundred graduates, all told, of female medical colleges in this country. There are two institutions of the kind, one in Boston, and one in this city, both of which, if we may judge from their piteous appeals to the public for support, through the daily press, are in a bad way. As to the "superfluous professoresses" that the *Times* speaks of, we do not know where they are to be found, as these people who are so horrified at the immorality of employing men-midwives, yet have male Professors of Obstetrics and the Diseases of Women, in their Colleges!

However, let them work out the problem. Let those who want women doctors, have them. In the meantime, our profession will pursue the even tenor of its way, unannoyed by the slanders heaped upon it by the advocates of this particular fancy; and we believe that our brethren will do the same thing in Great Britain.

Old New Things.—The following, from the Notes and Queries column of the *Century*, a capital weekly paper published in New York, shows the difficulty of inventing anything that is really new. The instances might have been extended:

Very numerous, says Bryce in his "Life and Books," are what Hudibras calls "the new-found old inventions," and he goes on to enumerate a few of them. "We have Irving's false tongues anticipated by Elias Marion, in the reign of Queen Anne; false teeth in Martial; gold stuffings and fastenings for the teeth in the Roman laws of the twelve tables; rings for curing the cramp, in the letters of Edward VI., and Queen Mary; cutting for wry neck in Sir T. Browne's correspondence; clairvoyance at the beginning of one of the later cantos of Hudibras; dosing children with opium to send them to sleep, in Marston's satires; swimming-belts, in Bacon's 'New Atalantis;' the cold-water cure internally, in one of Sir William Temple's essays; the metal

pen, in Waller; the lock which opens by an adjustment of letters, in Carew; the industrious fleas, in La Bruyere.

"I may here add a passage of Macaulay (in his review of Bacon), in which he quotes Seneca, with reference to what are ordinarily considered modern inventions: 'In my own time,' says Seneca, 'there have been inventions of this sort: transparent windows; tubes for diffusing warmth equally through all parts of a building; short hand, which has been carried to such perfection that a writer can keep pace with the most rapid speaker.'"

"A very intelligent physician in the pacha's service, whom I met upon the Nile," says Warburton in his "Crescent and the Cross," "pointed out to me a curious passage in Plautus, which seems to imply that magnetism was not unknown to the Romans:

"*Mercury.*—Quod si ego illum tractim tangam, ut dormiat.

"*Sosia.*—Servaveris, nam continuas has tres nectos pervigilavit."

Magnetic Amulets, Charms, &c.—"Towards the close of the seventeenth century, magnetic toothpicks and earpicks were fashionable specifics for pains in the teeth, eyes, and ears.

"In fact, the application of the magnet as a curative agent was known at least thirteen hundred years ago. In the middle ages it was used as a preservative against convulsions and affection of the nerves, for relieving persons afflicted with the gout, removing ordinary rheumatic twinges, and as a sovereign remedy for aches in the head, ears, face, and teeth. The inventors of magnetic necklaces, bracelets, armlets, anklets, girdles, etc., so extensively advertised recently in the newspapers, have, to their own loss, strangely omitted in their lists of 'new pain extractors,' the magic picks that with a touch removed the keenest of mortal pangs. They might, certainly for a season, become as fashionable and profitable as metallic tractors once were."

A Medical Board has been ordered to convene at West Point, N. Y., on the 29th inst., for the purpose of examining into the physical qualifications of the candidates for admission into the Military Academy. The Board will consist of Surgeons C. A. Finley and S. P. Moore, and Assistant Surgeon J. Campbell.

Christ Church Hospital.—The new Christ Church Hospital, at Belmont, has been roofed in, and now presents, in a striking manner, its

novel yet beautiful style of architecture. The interior, which is of sufficient size to accommodate more than a hundred inmates, will be finished as early as circumstances will permit.

Deaths Caused by Burning Fluid.—In most of the following instances of loss of life and property, the "accident" no doubt resulted from the criminal carelessness of filling the lamp with fluid while it was burning: and yet people will not take warning!

Mr. E. Meriam, of Brooklyn, states that he has kept a record of deaths, injuries, and conflagrations, resulting from the use of camphene and other burning fluids used for the purpose of illumination, since July 22, 1850. Since that date he has recorded the deaths of three hundred and seventy persons, and the injuries of four hundred and seventy-seven persons, many of the latter of whom the accounts stated were not expected to survive the injuries they received. The losses by fire from these fluids he estimated at upwards of one million of dollars. Mr. Meriam says that when the weather becomes hot, in summer, the danger in the use of burning fluids will increase. In the short term of thirty-six days within the present year he had recorded the death of nine persons by camphene and burning fluid.

Dr. James J. Irby, being in Hamilton, (Geo) on the 26th ultimo, was, while taking out the cushions of his buggy previous to a rain, struck by lightning and instantly killed. The circumstances were rather unusual and strange, nothing being struck but Dr. Irby. Although the place where the buggy was standing was an open one, still not more than twenty steps off were tall houses with chimneys, and near the buggy were several posts, yet the whole charge seemed to strike the Doctor, entirely mutilating his hat, singeing his hair, and making some marks of violence on his body, but not tearing or burning his clothing in the least. The deceased leaves a wife and children, together with a large circle of friends, to mourn.

Important Metallurgical Discovery.—Tungsten is a metal which has been hitherto little studied in a practical point of view. It appears however, destined to cause a complete revolution in the manufacture of steel. It has been lately discovered that an alloy formed of 80 per cent. of steel and 20 per cent. of tungsten possesses a degree of hardness which has never been obtained in the manufacture of

steel. This alloy works upon the latter with incredible facility, and can cut it.

Experiments have been made with this new composition at Vienna, at Dresden, and at Neustadt, Enetswalde, and considerable quantities of the alloy in question are, it is affirmed, being manufactured in that part of the world. Many old tin mines have been bought up with a view of extracting tungsten ore, and considerable prices have been paid for some that have been worked for a long time.

Floating Hospital.—We take the following description of the second New York Floating Hospital, from the *Daily Times* of that city, of Aug. 2d:

The barge which the Commissioners of quarantine have designated for the second floating hospital is still moored at the government dock at quarantine, not having been furnished yet. When ready, she is to be moored half way between the two islands, opposite Stapleton, to serve as a kind of receiving ship for cases of an uncertain character, and for their treatment. She has not been altered in any respect, except in having a series of partitions put up on the main deck, dividing the whole space into rooms larger or smaller, according to the uses to which they are devoted. The boards used are of the cheapest and roughest kind—being those used in the erection of the shanties, now removed—and whitewashed. Short guards are attached to the sides on which to land, and windows and doors are cut in the sides to admit the light and air. The room designated for the doctor is covered with cheap paper. A large stove is placed at one end, where the cooking is to be done, and a second-hand cask stands near it for a water-tank. Through the light roof which covers the whole, projects two derricks on which are swung yards, used heretofore for hoisting purposes, which give to the hulk a rather fantastic appearance. The boat is flat, and has a most uncomfortable, jerking motion when there is the slightest disturbance of the water. A large quantity of stones have been put on board for ballast. The entire arrangement and finish of this barge has a prison-like appearance. If it had been constructed for the detention of criminals in some penal colony, it would be denounced as a scandal upon civilization; that it should ever have been seriously intended as the abode of human beings, every one who has seen it expresses much surprise. This unique craft will be anchored in the stream opposite Quarantine, in a day or two.

COLLEGE OF PHYSICIANS AND SURGEONS

IN THE CITY OF NEW YORK.

SESSION OF 1859-'60.

THE ANNUAL SESSION WILL BE OPENED ON MONDAY, 17th October, 1859, and continued until the second Thursday of March, 1860.

EDWARD DELAFIELD, M. D., President.

JOSEPH M. SMITH, M. D., Prof. of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Prof. of Surgery.

CHANDLER R. GILMAN, M. D., Prof. of Obstetrics and Medical Jurisprudence.

ALONZO CLARK, M. D., Prof. of Pathology and Practical Medicine.

JOHN C. DALTON, Jr., M. D., Prof. of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Prof. of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOT, Jr., M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy.

Fees.—Matriculation fee, \$5. Fee for Professors' Ticket, \$105. Demonstrator's ticket, \$5. Graduation fee, \$25.

The Fall Course will be commenced on the 19th September, and continued until the opening of the Regular Course, as follows:

Anatomy of Heart and Arteries, by Dr. WATTS.

Meteorology as applied to Hygiene, by Dr. ST. JOHN.

Physiology of the Circulation, by Dr. DALTON.

Veneral Diseases, by Dr. F. I. BUMSTEAD.

Practical Surgery, Dr. E. ACOSTA.

Also. Four Cliniques a week, during the entire Session, by Drs. PARKER, CLARK, DETMOLD and ELLIOT. The full Course is free to the Students of the College.

The "Harsen Prize," a gold medal of the value of Fifty Dollars, besides not less than a hundred dollars in money, will be awarded to that Undergraduate of the College who shall prepare the best written report of the Clinical Instruction in the New York Hospital during any four months of the year immediately preceding the Annual Commencement in March.

The "Faculty Prizes," one of Fifty Dollars, one of Twenty-five dollars—will be awarded to the two best Graduating Theses, presented during the year.

148

ROBERT WATTS, M. D., Dean.

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1859-60.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.

HENRY HARTSHORNE, M. D., " Practice of Medicine.

LEWIS D. HARLOW, M. D., " Obstetrics, &c.

WILLIAM S. HALSEY, M. D., " Surgery.

WM. HEMBEL TAGGART, M. D., " Materia Medica.

JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.

WM. H. GORRECHT, M. D., " Anatomy.

THEODORE A. DEMME, M. D., Demonstrator of Anatomy.

The Session of 1859-60 will commence on Monday, 10th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the 1st of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in the city.

FEEs.

Matriculation (paid once only)	\$ 5 00
For each Professor's ticket	15 00
Graduation	30 00

LEWIS D. HARLOW, M. D., Dean,
No. 1023 Vine, below 11th Street.

141eow.

J. M. MIGEOD,

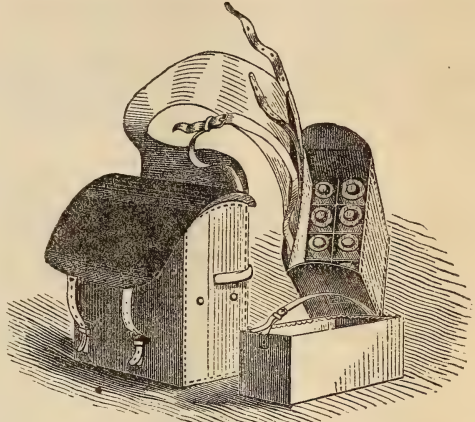
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " and	\$9 50
No. 2, containing	10 1 oz. " " " and	
	10 1/2 oz. " " " and	8 50
No. 3, containing	8 1 oz. " " " and	
	8 1/2 oz. " " " and	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
	18 1/2 oz. " " " " and	
	4 Pots, " " " " and	
	1 Mortar, " " " " and	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
	14 1/2 oz. " " " " and	
	4 Pots, " " " " and	
	1 Mortar, " " " " and	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
	10 1/2 oz. " " " " and	
	4 Pots, " " " " and	\$12 00
No. 4, containing	20 1 1/2 oz. Ground Stop. Bottles and	
	2 Pots, " " " " and	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1 1/2 oz. Ground Stop. Bottles,	
	18 1 oz. " " " " and	
	18 1/2 oz. " " " " and	
	4 Pots, " " " " and	
	1 Mortar, " " " " and	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
	14 1 oz. " " " " and	
	14 1/2 oz. " " " " and	
	4 Pots, " " " " and	\$16 50
	1 Mortar, " " " " and	
No. 3, containing	14 1 oz. Ground Stop. Bottles, and	
	14 1/2 oz. " " " " and	\$13 00
	4 Pots, " " " " and	126 y



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the World's Exhibition in London and New York. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, Dec. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

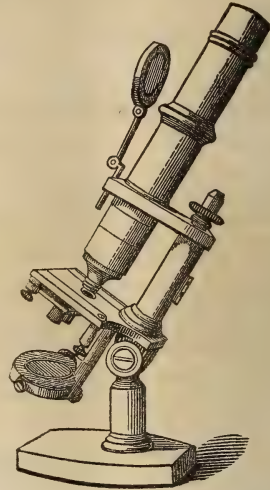
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120.

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila



PHILADELPHIA SURGEONS'

Bandage Institute, (patronized by the Medical Faculty,) No. 14 (late 4) North Ninth street, West side, the Sixth Store above Market. B. C. EVERETT, Principal.

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequaled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

COLLECTING AGENCY.

THE undersigned will attend to the collection of Physicians' and Dentists' Accounts, House Rents, &c.

WM. M. DICKSON,
Agent for "Druggists' Circular," N. Y.; and Med. and Surgical Reporter, Philada., &c., &c. Address Box 82, Philada.

SCHÆFER & KORADI,

South-west Corner of Fourth and Wood Streets,
Have received—

HANDBUCH DER RATIONELLEN THERAPIE vom heutigen Standpunkt wissenschaftlicher Forschung und klinischer Erfahrung für praktische, und angehende Aerzte bearbeitet von Dr. Theodor Wittmaack. 2 vols. octavo, 1859. Price \$5.

NATHAN STARKEY.

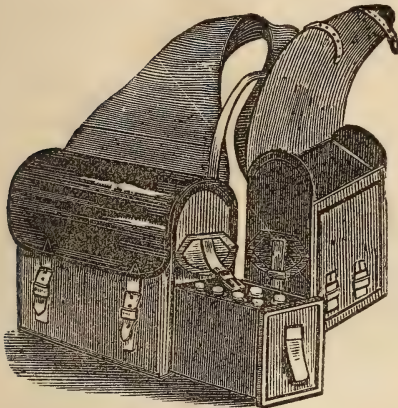
MANUFACTURER OF
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable
Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather,
with Pat. Leather Covers. Flat Pattern, with Pockets. Box
Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11 " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " 4 " "	19 00
No. 3, " 48 " " 4 " "	17 50
No. 4, " 37 " " 4 " "	13 50
No. 5, " 32 " " 4 " "	12 50
No. 6, " 27 " " 4 " "	10 50
No. 7, " 20 " " " "	8 50
No. 8, " 15 " " " "	6 50
No. 9, " 14 " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mount-
ing, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints,
Syringes, &c.

Manufactures to order and keeps constantly on hand a general
assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen
about to commence practice would do well to call and examine
his large assortment of Instruments. 118

Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of
these Baths in all the principal cities of Europe, and the
desire which has been so constantly expressed by the profes-
sion, to have a place, containing the necessary apparatus and
attention—has induced the subscriber to open an establishm nt
for their especial administration at No. 1121 Spruce street.
The institution has received the highest approval and entire
sanction of the most eminent practitioners of this city and New
York. Such arrangements have been made, that separate
Reception and Bath Rooms, and appropriate attendance, is to be
given to the different sexes, and every other privacy, convenience
and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly
welcomed, and every explanation as to the working and appli-
cation of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths ap-
plied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

No. 1121 Spruce street.

139

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was
engaged, for a considerable time, in the most celebrated work-
shops of Paris, Belgium and Germany, and does not hesitate to
say, that there is no instrument, however complicated or
minute it may be, whose construction he is unacquainted with,
or which he could not manufacture.

Deeply impressed with the responsibility attached to the
maker of Instruments employed by the Surgeon, he will furnish
no instrument without a conscientious certainty of its being as
perfect as it is possible to make it.

As he has during the last three years been present at the op-
erations performed at the Surgical Clinics of the Colleges and
Hospitals of Philadelphia, he trusts that he understands fully
the wants of the Profession in this important department. He
asks attention to his Artificial Legs, Arms, and Club-foot Appa-
ratus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hos-
pital.
Henry H. Smith, M. D., Professor of Surgery, University of
Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Penn-
sylvania.
Samuel D. Gross, M. D., ofessor of Surgery, Jefferson Medical
College. Pr
Joseph Pancost, M. D., Professor of Anatomy, Jefferson Medical
College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " " "
A. Hewson, M. D., " " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Lewis, M. D., " " "
Isaac Hays, M. D
P. B. Goddard, M. D.

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

SESSION OF 1859-'60.

THE ANNUAL SESSION WILL BE OPENED ON MONDAY, 17th October, 1859, and continued until the second Thursday of March, 1860.

EDWARD DELAFIELD, M. D., President.

JOSEPH M. SMITH, M. D., Prof. of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Prof. of Surgery.

CHANDLER R. GILMAN, M. D., Prof. of Obstetrics and Medical Jurisprudence.

ALONZO CLARK, M. D., Prof. of Pathology and Practical Medicine.

JOHN C. DALTON, Jr., M. D., Prof. of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Prof. of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOT, Jr., M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy.

Fees.—Matriculation fee, \$5. Fee for Professors' Ticket, \$105. Demonstrator's ticket, \$5. Graduation fee, \$25.

The Fall Course will be commenced on the 19th September, and continued until the opening of the Regular Course, as follows:

Anatomy of Heart and Arteries, by Dr. WATTS.

Meteorology as applied to Hygiene, by Dr. ST. JOHN.

Physiology of the Circulation, by Dr. DALTON.

Veneral Diseases, by Dr. F. I. BUMSTEAD.

Practical Surgery, Dr. E. ACOSTA.

Also, Four Cliniques a week, during the entire Session, by Drs. PARKER, CLARK, DETMOLD and ELLIOT. The full Course is free to the Students of the College.

The "Harsen Prize," a gold medal of the value of Fifty Dollars, besides not less than a hundred dollars in money, will be awarded to that Undergraduate of the College who shall prepare the best written report of the Clinical Instruction in the New York Hospital during any four months of the year immediately preceding the Annual Commencement in March.

The "Faculty Prizes," one of Fifty Dollars, one of Twenty-five dollars—will be awarded to the two best Graduating Theses, presented during the year.

148 ROBERT WATTS, M. D., Dean.

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1859-60.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.

HENRY HARTSHORNE, M. D., " Practice of Medicine.

LEWIS D. HARLOW, M. D., " Obstetrics, &c.

WILLIAM S. HALSEY, M. D., " Surgery.

WM. HEMBEL TAGGART, M. D., " Materia Medica.

JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.

WM. H. GOERRECHT, M. D., " Anatomy.

THEODORE A. DEMME, M. D., Demonstrator of Anatomy.

The Session of 1859-60 will commence on Monday, 10th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the 1st of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

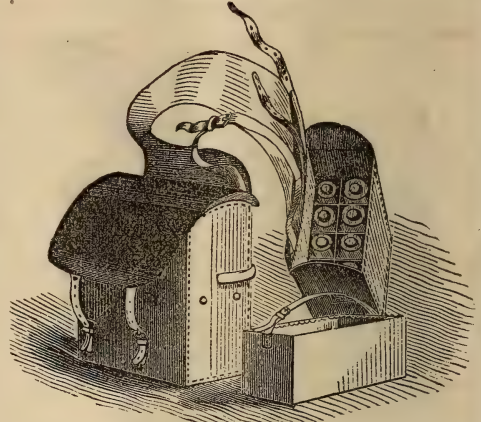
The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in the city.

FEES.

Matriculation (paid once only)	\$ 5 00
For each Professor's ticket	15 00
Graduation	30 00

LEWIS D. HARLOW, M. D., Dean,
[No. 1023 Vine, below 11th Street.

J. M. MIGEOD,
MANUFACTURER OF
MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,
No. 27 South Eighth St., Second Story,
Entrance on JAYNE ST., (formerly Lodge Alley,)
PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " and	\$9 50
No. 2, containing	10 1 oz. " " " and	8 50
	10 1/2 oz. " " " and	
No. 3, containing	8 1 oz. " " " and	7 50
	8 1/2 oz. " " " and	

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " " and	
" " "	4 Pots, " " " and	\$19 00
" " "	1 Mortar, " " " and	
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " and	
" " "	4 Pots, " " " and	\$15 50
" " "	1 Mortar, " " " and	
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " " and	\$12 00
" " "	4 Pots, " " " and	
No. 4, containing	20 1/2 oz. Ground Stop. Bottles and	\$8 50
" " "	2 Pots, " " " and	
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " " and	
" " "	18 1/2 oz. " " " and	
" " "	4 Pots, " " " and	\$20 00
" " "	1 Mortar, " " " and	
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " " and	
" " "	14 1/2 oz. " " " and	\$16 50
" " "	4 Pots, " " " and	
" " "	1 Mortar, " " " and	
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " and	\$13 00
" " "	4 Pots, " " " and	126 y

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 149.

PHILADELPHIA, AUGUST 27, 1859.

{ NEW SERIES,
{ VOL. II. NO. 22.

Original Communications.

ANATOMY

IN ITS

RELATIONS TO MEDICINE

AND

SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 10.

CRANIAL REGION (concluded.)—Behind the thalami is the *tubercula quadrigemina*, underneath which passes the communicating canal (*iter e tertio ad quartam ventriculum*) between the third and fourth ventricles, and is surmounted by the pineal gland. The pia matral prolongations within the ventricles—*plexus chorioidei*—are exceedingly vascular, with villous eminences, covered with ciliated epithelia. They empty their blood through the veins of Galen into the sinus rectus. The ventricles, or at least such portions of them as are not covered by the pia mater, are lined by a layer of tessellated cells, which rest against the neurine forming their walls, and constitute the *ependyma ventriculorum*.

Both the cerebrum and the cerebellum consist of two distinct structures, *cortical* and *medullary*.

The cortical, distinguished by the naked eye by its dark color, exhibits, microscopically, an aggregation of nerve cells, nerve fibres, blood vessels and pigment matter. The medullary making up the great mass, consists of nerve fibres, arranged principally parallel with each other, having blood vessels interposed and connected by a granular material. Connective or fibrous tissue, which enters so largely into the

composition of organs generally, is absent here. The cerebral hemispheres are additions to animals possessing intelligence.

Blood Vessels.—The blood vessels are derived principally from two sources, the *internal carotids*, which enter the cranium through canals in the petrous parts of the temporal bones, and the *vertebrals*, which, originating from the subclavian arteries, enter through the great occipital foramen. Their coats are three in number until they diminish greatly in size, but are more delicate, and with a diminished power of resistance than elsewhere, probably, from their middle layer being wholly muscular without elastic tissue. When a section of the brain is made, especially if recent, numerous red points come into view over its surface. These are the *puncta vasculosa*, or blood drops from the divided vessels. The vascularity of any part of the encephalon depends upon the amount of gray matter, hence the cortical part and the ganglionic masses are found to be very rich in blood vessels. The medulla oblongata and the pons Varolii probably have the least number. The exact connexion existing between the nerve fibres or medullary part of the brain and the gray or cortical portion, has never been satisfactorily seen, and we cannot, therefore, venture to assert any opinion with certainty on this subject. Between different parts both of the great centres and the nerves which emanate from them, there exist decussations. In the floor of the fourth ventricle, which is formed by the medulla oblongata, there is probably a decussation among parts of nine or ten pairs of the cerebral nerves. The chemical constitution of nervous matter has not been thoroughly investigated. It abounds, however, in albuminous and fatty matters, the latter so abundantly

associated with phosphorus as to be termed phosphorized fat.

Practical Remarks.—With the above enumeration of the anatomical constituents of the encephalon, the following pathological conditions may be understood with a reasonable degree of clearness.

Hypertrophy.—The term, when applied to the nervous system, should not be misunderstood. There is no demonstrable increase in the proper nerve tissue, at least in regard to the medullary or tubular part, but the increase in volume is attained by a deposit intermediate, or by multiplication of the soft intertubular granular material, just as there are hypertrophies of glandular organs by new formations of the connecting cellular tissue. This disease has been so uniformly found associated with inordinate development of the lymphatic trunks and glands that several authorities look for its origin in constitutional rather than local causes. If the cranial sutures be firmly closed, the seriousness of the disease is greatly enhanced by the peripheral resistance to the enlargement. The naked eye will suspect this morbid condition, when on the removal of the calvaria the membranes appear pale and bloodless, and on their division the brain increases in bulk by the rebound of its constituents after the removal of the compressing obstacles. For this reason, after the organ is removed for examination, it will be found to have become too large to be replaced. The exterior resistance also accounts for the diminution in the size of the ventricles.

Atrophy.—Whatever diminishes the supply of blood to the organ, must tend in some measure to produce such a condition, just as in other portions of the body; thus ligature of the carotids, or pressure upon the great vessels of the neck, from deeply situated tumors, or pressure within the cranium; idiocy; and, most frequent of all, old age. The brain of drunkards frequently undergoes this change. When cut into, it appears shrivelled, and when torn apart is of a tough and doughy consistence. As in atrophy elsewhere, a change of color occurs, "becoming rusty," from alteration in the proper pigment formation. The shrinking of

the brain must tend to produce a vacuum, and hence the explanation of the attending congestions, dilatation of blood vessels, hemorrhage, producing apoplexy, and serous exudations. To compensate for the discrepancy in size between the cranium and its contents, the diploe sometimes becomes greatly expanded, thus pressing inwards the vitreous table, or additions of bone are made to its inner surface, or the arachnoid fluid is greatly increased in quantity.

Phrenitis.—Properly an inflammation of the cerebrum; and, of course, the puncta vasculosa will be greatly multiplied, the connecting substance or matrix infiltrated for some distance around the focus of disease, by an exudation of serum or something more plastic in character, and also an extravasation of blood from ruptured capillaries, even breaking down and lacerating the surrounding neurine, the phenomena being nearly identical with inflammatory processes elsewhere. So, also, with the results or succeeding changes; the effused lymph may produce induration, or atrophy of the parts in contact, and may terminate in the formation of abscess. Such purulent collections occasionally break into the ventricles and produce instantaneous death, by pressure on the great cerebral ganglia. Or may, by involving the petrous part of the temporal bone, be discharged into the ear, or, if located in the anterior lobes, find an exit into the nose through the cribriform plate of the ethmoid bone. As the conditions requisite for intellectual manifestation are referred to the cerebral hemispheres, it may be expected (what is verified by observation) that their inflammation will be attended by exaltation, perversion or obliteration of their natural operations. Thus it is noticed that in the incipency of such attacks, where it may be inferred the condition is one only of blood determination, patients manifest a remarkable degree of vivacity or brilliancy of the imagination, or perhaps great moroseness and irritability of temper. Such diversity of mood has been seized upon by the phrenological school as affording support to their territorial localization of the intellectual faculties. The stupor which occasionally ac-

companies or succeeds cerebritis, is an evidence of pressure, either from exudation or great vascular turgescence or extravasation.

Apoplexy.—The cerebral blood vessels may give way, followed by an escape of blood, to which condition is applied the term *sanguineous apoplexy*. When the superficial vessels, or those of the pia mater are the source of the bleeding, it is *peripheral apoplexy*. The immediate consequences of such an accident is due to the pressure exerted upon the nerve substance, and a diagnosis of its location must be founded in a great measure on our physiological knowledge. The corpora striata or the thalami are most commonly the seat of such discharges, just as might be anticipated from their great vascularity, as mentioned in the anatomical division of our subject, and from the want of support on their ventricular surface. The paralysis which follows such accidents, implicating voluntary movements, and sensation, tends to corroborate the physiological opinion of these bodies being the great centres of motion and sensation.

Effusions of blood into the cerebellum (though by no means common) will not be productive of permanent mental disturbance. If this part be a motorial co-ordinator, and also in some sense the seat of sexual feelings its inflammations and congestions may be expected to excite irregularities of movement and perversion of the animal propensities. In support of such inferences, blows over the region of the cerebellum, or affections of it from other causes, have been followed by chorea, nymphomania, and impotency, &c.

If the discharge of blood takes place in the medulla oblongata, death may be expected to take place suddenly, as it constitutes the centre of the respiratory movements.

The existence of certain conditions on one side of the encephalon, affecting the opposite side of the body must be explained by the decussating fibres. This, however, is not always the case, there being frequent exceptions, which, with many other phenomena, must await for their proper explanation, a more advanced state of anatomical knowledge.

Softening.—Several forms of this condition

are recognized by pathologists, and considerable diversity of opinion entertained as to its inflammatory or non-inflammatory origin. The rational marks of its existence are a circumscribed, soft, pulpy, dissolved condition, accompanied by different shades of color, red, white or yellow. Microscopically examined, detached portions of the nerve tubes may be seen in abundance with fat and pigment cells. The changes occurring in softening are believed by Rokitansky to depend upon chemical influences, and by Fremby are regarded as a process of *putrefaction*.

Edema.—This may be decided upon when the brain is found soft, soaked with moisture and exhibits a polished appearance when sliced by the knife. The fluid occupies the intertubular spaces and the absence of cellular tissue as a connecting bond will leave the neurine subject to laceration.

Wounds.—If incised, they may heal by intermediate union, if there be loss of substance by granulation. If these granulations become luxuriant, so as to rise above the surface, they form the *fungus cerebri*. The medullary portion, if destroyed, is not restored, though it is said ganglionic masses after being removed will be reproduced.

Ventricles.—The ventricles normally present a moist surface; when this amounts to a collection of fluid, it forms the *hydrocephalus internus*. From what has been said as to their anatomy, this fluid may come from the vessels of the choroid plexus, or those of the cerebrum; in the former case it may therefore be a sequel of meningitis. When the fluid is furnished by the cerebral vessels it must pass through the ependyma of the ventricles in order to reach their cavities. Beneath this lining a layer of homogeneous material sometimes is seen, which not naturally existing, may be regarded as pathological. In such cases the cavities appear to be lined by a false membrane. A large liquid accumulation in the ventricles may pass through their lining into the cerebral hemispheres, saturating them with fluid, and producing death by paralyzing the brain. This might be named serous apoplexy; although this term is applicable to any serous exudation

compressing and paralyzing the organ, whether in its membranes, substance or ventricles.

In hydrocephalus advancing towards a fatal termination, the patient is sometimes discovered to have irregularity in movement, or loss of sensation or vision, and finally, difficulty of swallowing and breathing. These may be explained by the ventricular communications through which the pressure of the fluid can be exerted successively upon the corpora striata, thalami, tubercula quadrigemina, and the medulla oblongata which forms the floor of the fourth ventricle. Pressure from any cause upon the sinus rectus will tend to produce dropsical accumulations in the ventricles by preventing the discharge of blood from the veins of Galen, just as pressure on the venous trunks of the abdomen will be followed by œdema in the extremities. The effect of hydrocephalus is to increase the size of the ventricles. In those cases where the head attains such an extraordinary size, the sutures have not united and the brain becomes expanded into a mere hollow shell. In examining the brains of aged persons a small amount of fluid is very common, and which must be explained in the fact that there has been senile atrophy of the organ and the exudations produced by the vacuum thus formed.

Cysts.—These will be met with attached to the choroid plexus, and frequently filled with a clear limpid fluid. They are formed from the villous appendages of these bodies just as granulations are formed, it would seem to me, in the palpebral conjunctiva. They may become hard by the formation within them of some earthy matter gritting like sand when rubbed between the fingers.

Shrunken cysts will sometimes be met with in the gray matter of the brain most frequently near the surface; the walls of which are tough and contain a cretaceous product. These are of a very different character from the former, being, it is alleged, the habitat of a variety of entozoa, the "*Echinococcus*." A third kind of cysts met with is the apoplectic, in which there has been a lesion of blood vessels allowing an extravasation of blood which infiltrating the structure breaks it down for some distance

around. Following the occurrence an inflammatory process is set up in the neighboring vessels, which results in the removal of the irregular and lacerated portions, and an exudation of of lymph lining the cavity produced by the soaking up and absorption of the clot. This cavity may contract subsequently so as only to leave traces of its existence.

Cancer and Tubercle. Both are common in the brain and may exist in circumscribed masses, or scattered throughout its structure.

Accidents involving the brain are sometimes followed by rapid emaciation of the body, and profound alterations in the quality of the blood. The phosphatic deposits which appear in the urine either as a result of intense study or disease, indicate wasting of the nervous tissue.

A Case of Intestinal Obstruction, caused by Lumbrici.

By J. M. DALLAM, M. D.,

Of Philadelphia.

On the evening of the 18th July, I was requested to visit Harry Weiss, who was said by the messenger to be suffering severely with pain in his "stomach." I proceeded at once to the house, and found a tall, slender, pale, sickly looking boy, four years of age, writhing in pain, which, however, was seated just above the symphysis pubis. Skin and pulse normal, abdomen slightly tympanitic, no tenderness on pressure. Knowing from previous experience that the parents withheld nothing from their children which they might ask for, be it ever so detrimental to health, I inquired what the boy had eaten. The answer was the usual diet of meat, bread, potatoes, butter, coffee, &c., with pears and apples for lunch, and about 10 o'clock the previous evening he had eaten a saucer of strawberries and milk. Thinking it unnecessary to look further for a cause, and as the chief indication seemed to be to relieve pain, I ordered the application of a sinapism, administered tr. opii acetat. gr. iv, (which I happened to have in my pocket,) and gave direction to repeat the dose in an hour if the pain continued. In about an hour the father of the boy called to say that he was

sleeping comfortably, and he thought nothing further would be needed. I directed him to give in the morning a table-spoonful of castor oil, and if it should operate before my arrival, to notice particularly the character of the evacuations.

19th.—Called to-day and found Harry playing quite cheerfully, and, to all appearances, quite well. Oil had operated freely, producing healthy looking stools. Gave the parents the usual lecture about diet of children, and other hygienic rules, (which they, by the way, are sure to forget by the time the doctor is out of hearing,) and took my leave, perfectly satisfied with my skill in having conducted the case to so favorable and rapid a termination.

20th.—I was surprised by a summons at eight this morning to see Harry as quickly as possible, as the pain had returned more violently than ever. Arriving at the house, I found the boy complaining of very severe pain, and judging by his writhings and screams, it was severe, but he referred it now to the umbilical and right hypochondric regions. There was now slight tenderness on pressure, the tongue was furred in the centre, and the conjunctiva yellowish. Had eaten the day previous, oatmeal gruel and boiled rice. Ordered warm fomentations and the following powder :

R. Hyd. chlo. mit. gr. j.

Pulv. ipecac. et opii, gr. xvj.

M. ft. chart, No. viij.

One to be given every second hour. Two of the powders completely relieved him. They were, however, continued at intervals of three hours, until all were taken. Next morning ordered a dose of magnesia, which produced several copious evacuations, and brought away several large lumbrici. The parents now recollected that for some months past Harry would occasionally speak of having passed worms at his daily evacuations. They, however, paid no attention to it, thinking all children had more or less worms. I heard nothing further from Harry until the morning of the 26th, when I was again requested to visit him, as the pain had returned, and with it some new symptoms. I did not (being engaged) see him until afternoon, when he was apparently suffering a great

deal, but the pain was now in the *left groin, running up to the internal abdominal ring*, and also in the *coccyx* and *sacrum*. Another singular feature of the case was that he could not be induced, either by threat or persuasion, to sit down, even when he wished to go to stool, (which he did frequently, the bowels being quite loose,) complaining that the attempt to do so gave him intense pain directly at the verge of the anus. I made a careful examination of the scrotum, spermatic cord and rectum, but could find nothing abnormal in either. The symptoms were so much like a case of rectal obstruction I had to treat some years since, in which I picked out with a pair of forceps near 300 cherry seeds, that I suspected something of the kind, and the fact that a cherry tree stood near the door, seemed rather to confirm my suspicions. He, however, stoutly denied having eaten any of the cherries, and as I could not discover anything in the rectum, I was forced to look further for the cause of such a singular symptom. The mother urged me to give some of the powders he had taken before with so much benefit, and I confess, not knowing anything better, I complied with her wishes. Now, however, the calomel was omitted, and I merely gave a sufficient quantity of Dover's powder to relieve the urgent symptoms, and acting upon the hint the worms had given, ordered the following mixture :

R. Sodæ bicarb. 3 ss.

Ext. hyoscyami gr. xvj.

Ext. spigeliæ et sennæ fluidum f ʒij. M.

And give a desert-spoonfull three times a day.

28th.—This afternoon Harry had an evacuation of the bowels in the upright posture, which was attended with intense pain, so much so that, to use his mother's language, she thought he would "go into fits." He voided three large worms, which were knotted and twisted upon each other, forming an almost solid knot as large as a full sized walnut. It was with great difficulty he could force them out, but *from that moment all pain and the inability to sit down ceased*. The medicine was continued for several days, and he discharged, I think, 12 more lumbrici, at different times, presenting, however, nothing un-

sual in appearance. He now seems very well, appetite much better than it has been for a long time, and I think his appearance altogether much improved.

A Case of Arrest of Developement in Utero.

By GEO. J. ZIEGLER, M. D.,

Of Philadelphia.

It has long been a subject of discussion whether an impression produced upon the mind of a pregnant female could influence the foetus in utero. This question is still *sub judice*, and will continue to be so until a sufficient number of facts shall be collected to decide it either in the affirmative or negative. It is, therefore, a matter of some importance to preserve every thing bearing upon this subject, in order to acquire the necessary data to solve this great problem of life, and as a case has recently come under my notice, I place it upon record.

The facts are simply as follows:—On coming down stairs one day, a lady of this city discovered one of her little boys apparently in the act of cutting off the hand of his infant sister, but soon found that he was only drawing the back of a large knife across her wrist. Before appreciating this however, she was greatly frightened, yet soon recovered from the shock, though the event was considered of sufficient importance to communicate to her husband on his return from business.

This unpleasant incident occurred in the early period of pregnancy, in fact so early that she had not yet become conscious of her condition, though perfectly familiar with the phenomena of gestation in her own person, she being already the mother of six children, all of whom were born perfect and healthy, and all still living with the exception of one which died some time after birth. The recollection of this disagreeable circumstance, however, gradually passed from the minds of both herself and husband, and was finally entirely forgotten by them.

In due time she gave birth to a fine, healthy, and well developed male child, perfect in every respect, save one, and that was the entire

absence of the right hand and wrist, the arm terminating abruptly at the extremities of the radius and ulna. The stump is protected with a covering of slightly loose cutaneous and other tissue, somewhat similar to that of an ordinary traumatic stump, which has a limited power of contraction and expansion resembling the flexion and extension of the wrist. On the anterior extremity of the stump there is a small, irregular transverse pit or groove, resembling slightly an old cicatrix. Above and beyond this there is transversely, a row of minute tubercles five in number, equivalent to, and representative of the fingers and thumb; four of these are in close juxtaposition like the fingers, and one representing the thumb, stands apart and to one side of the others.

Notwithstanding the impression upon the mind of the mother was in this instance so transitory as to be so completely effaced by time that it was not even recalled by the malformation of her child, and only revived through the recollection of her husband, yet it seems to sustain the view that the mental conditions of a female during pregnancy, do really influence the nutrition, growth, and developement not only of the whole body collectively, but also of every part separately of the foetus in utero. Numerous facts might be brought forward in support of this view, but as the present object is merely to place this case on record, and not to write an essay upon the subject, this incidental allusion will suffice.

This case, then, in conjunction with many others, gives prominence to the apparent necessity for carefully regulating the mental conditions of females during gestation, in order to avoid the probability of accidental disturbances in the developemental processes going on for the organization of the progeny.

Remarks by the Editors.—On the 17th of September, 1855, we attended Mrs. P— in her first confinement. Her child, a female, was apparently healthy and well formed in all respects, with the exception of a *malformation of the nose*, there being an entire absence of the lateral cartilages, giving the child a frightfully deformed appearance. The mother at

once attributed the deformity to a mental impression caused by frequently seeing an unfortunate girl who lived next door, who had a *cancer of the nose*. We saw the girl, and the deformity in the infant was certainly as perfect a reproduction of that of the girl, as though it had been modelled after it on a reduced scale. Fortunately the child only lived two or three weeks.

Is it not possible that Dr. Zeigler's case may have been one of spontaneous intra-uterine amputation, caused by the cord becoming wound around the wrist, such as are found detailed in Dr. Montgomery's original and highly instructive work on pregnancy? The mental impression appears to have been very slight, and the deformity is capable of being accounted for on the latter hypothesis. In either view, the case is an exceedingly interesting one.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

DEFERRED CLINICS.

JUNE 22D.

Service of Dr. Neill.

(Reported by Mr. J. B. Hayes.)

Traumatic Stricture.—All strictures are not gonorrhoeal; this is traumatic, and was occasioned by falling against an iron post, 18 months ago.

He had gonorrhoea six years ago, but no stricture until this accident.

The patient says that he has had the stricture divided by the internal operation, with some relief. He has been for some time under the dilating treatment in this house, and has been enabled to pass a No. 7 bougie; but permanent strictures are often aggravated by spasms, and it is sometimes impossible or impracticable to introduce an instrument which had previously been used. He wishes an operation performed; but I have said that, if after having dilated it still further, it is impossible to keep it dilated, then we would cut it, by external incision.

A traumatic stricture differs in some measure from a gonorrhoeal stricture. In both, the formation of new tissue is the same; but in the traumatic kind, it is more dense, irregular and linear.

A stricture is a contraction of the urethra, formed by a deposit of lymph outside of the mucous lining. This lymph assumes a contractile form, because the coat in which it is thrown out has a contractile power. It takes a long period for the exudation to assume this character, and it is often a long while before the stricture is developed.

The stricture here is in the bulbous portion, about one inch from the membranous portion, and is in a favorable place to be relieved by the external operation, (Syme's) which is preferable. The cut is made on a grooved director, from behind forwards. In stricture of a traumatic nature the operation is much more frequently demanded.

Some instruments for the internal division of stricture were exhibited, and their mode of action explained. The principle was the same in all—the projection of a lancet concealed in a canula. It is a mode of operation often followed by only temporary relief, and as already said, has been performed in this case.

Gonorrhœa.—This patient presents himself with a gonorrhœa, on the decline. It has existed twenty-three days. He has a yellowish discharge, passes a good stream without pain, and has had the disease twice before.

Treatment.—This is a case that calls for simple remedies. I have given you my reasons why I prefer saline diuretics. I shall direct them in this case.

Certain forms of injections are, at the same time, particularly useful; but there are no such things as specific applications. I doubt the efficacy of the abortive plan, which consists of strong solutions of nitrate of silver, in the early stages.

The same satisfactory results do not follow the use of strong solutions of nitrate of silver in purulent discharges from the urethra, as in discharges from the conjunctiva.

So far as my own experience goes, no one injection is followed with such beneficial results as the sulphate of copper. It should be weak—one grain to the ounce, and you may begin to use it almost at the onset of the disease, once a day at first, then twice daily. Chloride of zinc, half a grain to the ounce, or nitrate of silver, one to two grain solutions, are often advantageous in the latter stages.

Stone in the Female.—Some fragments of urinary calculi were exhibited, which had been removed from a female patient.

After some remarks upon the impracticability or inconveniences of dilating the female urethra, Dr. N. stated his preference for lithotomy over lithotripsy, in the female. His usual mode was to etherize the patient, bring the stone down to the neck of

the bladder by the forceps, and then determine whether to extract it whole or to cut. Here the stone was of very fragile nature, and he had involuntarily crushed it.

The best direction in which to cut the female urethra was toward the sub-pubic ligament, dividing its superior semi-circumference from behind forwards.

Fracture of the Leg, with Deformity.—This fracture took place a year ago, and was treated out of this house. It is instructive rather as to the deformity in which it has resulted. It was a compound and complicated fracture of both bones. The internal malleolus projects an inch or more, and is ulcerated at the extremity; but this projection is a matter of no consequence, compared with the malposition of the foot, which is almost in a direct line with the leg. The heel is so much drawn up that the limb is entirely useless.

The treatment here will be to bring the foot at right angles with the leg, if possible.

Fractures of both bones near the ankle are very serious accidents; but the fracture-box contains all the elements for effecting the proper cure. The foot-board is absolutely an essential part, and you should look to it every day, that the sole of the foot is kept in proper position against the board, at right angles with the limb.

JUNE 25TH.

Fracture of Humerus below the Neck.—This occurred in a lad about fourteen years of age. He fell upon his shoulder three weeks ago, and the injury was supposed by his attendant to be of a trifling character. It now shows the effects of allowing such an injury to go unrecognized such a length of time.

There is a want of symmetry in the shoulders; the affected one is much more projecting anteriorly. There has been, I believe, a separation at the junction of the epiphysis and diaphysis. The term 'diastasis' is applied to this separation. Such a fracture could only occur in a young person.

Sufficient union has taken place to admit of motion of the head in its socket, by taking hold of the elbow. The sharp edge felt below the anatomical neck is the long fragment pushed forward.

Treatment.—An internal angular splint, and an external pasteboard splint, with a cap at its upper extremity, adapted to the shoulder. Nature will round off the sharp edge of bone.

This case will impress on you the necessity for a correct diagnosis in such injuries.

Injury to Eye.—This injury is of a serious nature.

It is the result of a blow. The external tissues are red and swollen; the conjunctiva is inflamed, and the iris has ecchymosed spots on its lower semi-circumference. Yesterday the pupil was much dilated; to-day, it is of a half-moon appearance; the pupil is hazy, and the iris depressed. This ecchymosis I cannot say that I ever saw before. He has lost the sight of the eye, and I believe some injury has been done to the retina.

Blows on the eye sometimes produce instantaneous blindness. One cause may be rupture of the veins of the choroid coat, and effusion of blood in the eyeball. From such a cause the blindness is not permanent.

One instance, which came under my own observation, was a dislocation of the lens, from a blow by an infant. The sight was instantaneously impaired, with apparently no alteration in the eye. Only a knowledge of the anatomy of the eye, and an application of philosophical principles, in producing in the eye the images of a lighted candle, could reveal the fact of dislocation of the lens. The two images dependent on the surfaces of the lens were gone.

Treatment.—The patient has been cupped and purged. This is the first time that I have had occasion to cup during my present term of service. You have seen how rarely depletory treatment has been used by us in the treatment of surgical cases.

Cold water has been applied to the parts. Mercury or iodide of potassium may be necessary to produce absorption of the effusion into the iris and interior of the eye.

Operation—Extraction of Bullet.—This patient, often brought to the notice of the class, had, some time ago, a gunshot fracture of the humerus. The bone united rapidly, and the wound closed kindly. The bullet was not probed after at the time of his admission, owing to the oblique direction it had taken. A small, movable body, on the anterior portion of the arm, was suspected to be the bullet. An incision was made down upon it by Dr. Neill, and a flattened, grooved and roughened bullet extracted.

Closing Remarks.—Dr. Neill remarked that as this was the last clinical day of his term of service, he would give a statistical review, drawn up by the Resident Physician, of the cases presented by him the last three months. The operations he considered merely as a portion of the treatment, as much so as a poultice.

Some of the cases were of rare occurrence; but in every case he had endeavored to teach principles which trivial cases in private practice would demand, and which must be understood by every young surgeon.

Statement of Cases and Operations presented in the Amphitheatre, during the Clinical Service of Dr. Neill.

Prepared by the Resident Surgeons, Drs. HODGE and HARLAN.

Fractures.—Clavicle, Ribs, Tibia, Fibula, Condyles of Humerus, Humerus, Skull, Femur, Cervix of Femur, Inferior Maxilla, Radius, Ulna, Pelvis, Vertebra.—Total, 56.

Compound Fractures.—Leg, Humerus, Elbow, Femur.

Dislocations.—Acromial End of Clavicle, Head of Femur (recent), do. (15 years standing)—4.

Diseases of Bones and Joints.—Necrosis of Parietal Bone, do. Tibia, do. Pelvis, do. Stump of Humerus; Periostitis of Forearm; Disease of Knee-joint.—8.

Ulcers.—Corona Glandis, Thigh, Stump of do., Leg, Chest.—25.

Wounds.—Penetrating, Incised, Gunshot, Lacerated, and Contused; of Cornea, Chest, Throat, Hand, Arm, Scalp, Face, Nose.—13.

Contusions.—Face, Scalp, Groin, Hand, Foot, General do.—10.

Burns.—Face, Back, Arms, Hand.—4.

Diseases of Skin.—Chronic Eczema, Pityriasis Versicolor, Syphilitic Eruptions, Lupus of Breast, do. Hand.—5.

Diseases of Eye.—Iritis, Syphilitic do., Cataract, Staphyloma.—6.

Diseases of Scrotum and Testicle.—Orchitis, Sarcocoele, Hydrocele, Tumor of Epididymis.—9.

Venereal Diseases.—Gleet, Gonorrhoea, Stricture, Bubo, Chancre, Nodes, Syphilitic Tubercle.—16.

Diseases Incident to the Treatment of Cases.—Traumatic Pneumonia, Angioloecitis, Erysipelas, Tetanus.—6.

Post-Mortem Exhibitions.—Gunshot Fracture of Scull, Depressed Fracture of do., Fracture of Base of do., Clot from Fracture of do., Contusion of the Brain, Laceration of do., Fracture of Humerus, Contusion of Brachial Artery, Carcinomatous Tumor of Breast, Gunshot wound of Neck, Abscess in Head of Tibia, Rupture of Liver, do. of Spleen.—14.

Operations.—Hydrocele; Amputation of Finger, Forearm, Thigh, Metatarsal Bone, Metacarpal do., Toes; Excision of Conjunctiva, Staphyloma, Tumors of Breast, of Popliteal Space; Cataract; Abscess of Knee; Luxation of Head of Femur Reduced.—21.

—o—
Dr. Young, of Edinburgh, reports the successful treatment of a number of cases of hydrocele, by Simpson's plan with the iron wire seton. No more inflammation is said to be excited by the presence of the wire, than is necessary for the adhesion of the walls of the sack.

Reviews and Book Notices.

* * We have received a pamphlet with the following title: "ΚΑΠΠΑ ΛΑΜΒΔΑ—some account of a Secret Society in New York, entitled the 'Kappa Lambda.' In a letter to Alexander H. Stevens, M. D., LL. D. By a Retiring Physician, *Shol to Dhu Glas*" It is "got up" in a distressingly neat style, being printed throughout (with the exception of the appendix of notes,) in the sort of type termed by printers "script."

The style of the letter is pedantic, and as its author writes under the assumed name of "*Sholto Douglas, M. D., (anglice—according to our author—"see that dark grey man,"*)" we do not see but he is quite as obnoxious to the term "Kappa Lambdaism" as any member of the association against which he has raised his pen. We might say some severe things of both this pamphlet and its subject, but as we are decidedly opposed to medical know-nothingism in all its phases, we commend it to the shades, except as a specimen book of some New York type and stereotype foundry, for which purpose it answers tolerably well.

Editorial.

THE BRITISH MEDICAL ASSOCIATION.

The twenty-seventh annual meeting of the British Medical Association took place at Liverpool on the 27th, 28th, and 29th of July. The description of it as published in the London journals reads very much like the descriptions of the meetings of our own American Medical Association. We notice however, this marked difference. Instead of Reports from Standing Committees and National Reports on Health, often read by title merely, or at most a short abstract of them given, and then referred to the Committee on Publications, as with us, the meeting of the British Association was more like a meeting of one of our State Medical Associations. Voluntary reports of cases, either written or oral, were made, and discussed in open meeting. There were a few committees on special subjects, whose reports were read before being referred. The association censured the Edinburgh College of Physi-

cians for certain irregularities in granting their license to a homœopathist, and a resolution was offered, but subsequently withdrawn, censuring the same college for offering their license in consideration of "a money payment," to any one having any Medical or Surgical practice whatsoever.

The members breakfasted, dined and "lunched" together, and were entertained by the Mayor, after the most approved American style, though we see no mention made of reunions at the houses of resident members, in the evenings so pleasant a part of the meetings of our own Association. There was also an excursion "up and down the river in the Jackal." We hardly expected to find so much similarity in the proceedings of these two august bodies.

The next meeting was appointed to be held at Torquay, and Dr. Radclyffe Hall was elected president. At the meeting in Liverpool, about two hundred members were present, while only about one hundred members sat down to the Mayor's breakfast. Such an occasion with us, usually calls out the full strength of the convention!

We are sorry to learn that the Association is kept in perpetual difficulty by the expenditure on the *Journal*, (its "Transactions.") The Association is in debt to the unpleasant tune of \$10,000, and the inability to discharge this debt prevents its "incurring any expense in scientific inquiries, or in the publication of such volumes of transactions as might be looked for from so numerous and intelligent a body of workers."

"ELEVATING THE STANDARD OF MEDICAL EDUCATION."

Some of our brethren at the West have queer notions of elevating the standard of medical education. To us, at this distance, some of their plans look very much more like elevating the standard of their classes. For instance, in Cincinnati, where of all places the profession should unite to resist the inroads of the most specious forms of quackery, there is so much rivalry and underbidding for the pur-

pose of getting students, that one school offers to teach them for nothing, and publishes a monthly newspaper as an advertisement. This school—the Cincinnati College of Medicine and Surgery—publishes in its newspaper a flaming announcement of its faculty, which consists of eight professors and four adjuncts, most of whose names are entirely new to us, all of whom express an anxiety to labor gratuitously to elevate the standard of medical education. We devoutly hope that they will succeed!

The following extract from their monthly announcement we commend to our readers for its cool impudence:

"The old plan of sending out a pamphlet of *sixteen pages*, by way of *puffing*, should be discarded, as an insult to the general intelligence of the members of the regular profession, and only suited to and required by—*Quacks*, and the Institutions that manufacture them."

We would call the attention of our readers to the *Prospectus of Volume Third*, in the advertising department of this number.

Periscope.

FOREIGN.

From the German by L. ELSBERG, M. D., of N. Y.

(Concluded from page 418.)

Report on Staphyloma Posterius.—III. Posterior Staphyloma is a disease of rather frequent occurrence. Jäger's experience assigns to it a percentage of 2 "on all persons suffering from anything connected with their eyes," he having met with 60–80 cases among 3–4000 patients. Von Gräfe found of 1000 cases of Amblyopy, 420 owing to posterior staphyloma. With greatest frequency it occurs in young persons, the more advanced in years exhibiting the secondary affections, the terminations and sequelæ already; or else the primary condition has existed and remained stationary for a long time. As already mentioned, the disease affects almost exclusively short-sighted persons, and therefore principally literati, artists, printers, engravers, jewellers, &c., the

male more than the female sex. That it is hereditary, there is, at present, as little proof, as that it ever exists at birth. Inflammatory conditions of the eye and their sequelæ, as well as congenital cataract, seem to predispose.

Nature of the Disease.—On this point opinions differ materially, of little consequence however, practically. For our report a few words under this head will suffice. *Sichel* regards it as an inflammation of the choroid; *Jäger*, as caused by foetal scleritis; *Arlt*, as a mechanical protrusion by muscular pressure; *Gräfe*, as *Sclero-choroiditis posterior*. *Noizet* explains the disease by assuming the faculty of accommodation exerted with great activity under certain circumstances; of these he regards as the principal the presence of originally less resistance in the sclerotic, which, as is well known, closes last at the very place where staphylomes are developed, and where there exists in the foetal eye, also, the "protuberantia scleralis."

The noncommittal name of *Posterior Staphyloma* is certainly at present to be preferred, as free from all contending theories.

IV. *Treatment.*—Due consideration being paid to the etiological influences, the treatment of posterior staphyloma is obvious. To prevent stasis in the eye, all strained or close and sharp vision is to be strictly and absolutely prohibited; solution of atropine may be dropped in locally; proper attention must be given to the action of the bowels and other functions. "The general health, and especially the nervous system, must be braced up." Sometimes local loss of blood may be advantageous. The basis of all treatment is that the patient give up *entirely* every occupation involving accommodative energy of the eye, if the disease is to be kept stationary for any length of time, or (what sometimes may even be done) to be completely arrested. The disease being recognized and understood from the foregoing symptomatology and pathological anatomy, the treatment may be conducted on general principles. To make the prognosis favorable, the first stage of the disease must not yet have been passed, hence *the necessity, for successful treatment, of EARLY DIAGNOSIS*. It must be made a fundamental rule, that the myopic, who at the same time suffers from posterior staphylome, do not seek solace from concave glasses, as is usually done, but *avoid all glasses*. Even the use of what are called conservation spectacles, which most writers on the subject allow, is to be most strictly interdicted during the treatment. From inatten-

tion to this rule, and ignorance of the physician and patient as to the existence of the post. staph., and therefore want of treatment on general principles, do so many simply shortsighted persons lose, sooner or later, all sight.

The Thymus Gland.—We find the following analysis of M. Friedleben's work on this gland in the *Medical Times and Gazette* of July 23d.—

Anatomy: 1. The thymus is a gland without any external duct; it is composed of an infinite number of lobules, each one consisting of closed follicles, united together by a very fine cellular tissue. 2. Its nerves are the nerves of its vessels, and proceed from the ganglions of the sympathetic nerve. 3. The thymus has no free cavities; what have been taken for cavities are interlobular intersections. 4. It contains a secretion composed of a clear transparent fluid, holding innumerable round nucleoli in suspension, mixed with some cells. 5. The nucleoli pass directly into the veins of the thymus. 6. The follicles of the thymus continually perish and are renewed; the bodies which have been called concentric are only follicles during their metamorphosis. 7. The thymus increases continually from its embryonic origin up to the age of puberty; but its increase is relatively less than that of the body. Between the ages of fifteen and twenty-five it remains stationary. It begins to diminish in volume at the end of this period, rapidly decreasing in adult life. After this period the thymus is rarely met with; and only in the form of fatty tissue.

Labor with Unbroken Hymen.—John S. Beale, Esq., M. R. C. S., (*Lancet*, July 23d) reports three cases of labor with unruptured hymen, which have come under his observation during a period of seventeen years, and which are selected from 2,500 midwifery cases. The patients were all married. In all the cases the passage of the foetal head destroyed the membrane, without its offering any impediment to the completion of labor; and in each the hymen was situated at the orifice, and not, as sometimes happens, more internally. These cases are interesting in a medico-legal point of view, showing that sexual congress may be repeated, pregnancy ensue, and continue for the full period, without destruction of the membrane.

Emboli.—This peculiar affection of the arteries, often causing sudden death, by obstructions of the vessels by fibrinous concretions, we find briefly, but very satisfactorily described, in the *Medical Times and Gazette* of July 23d. They are the conclusions drawn up by Prof. Schützemborgen.

1. Fibrinous concretions or solid bodies formed in the heart or great vessels, may be detached from their seat, carried along in the current of blood, and so obstruct different secondary branches of the vascular system. 2. This fact is neither absolutely rare nor exceptional, it constitutes a special and very peculiar affection of the arteries, which has been called by Virchow, "Emboli." 3. This affection which was for a long time misunderstood; is now shown to exist both by scientific induction, and by clinical and microscopic observation. 4. It has been observed as a consequence of gangrenous inflammation of the pulmonary veins; of organic affections of the left side of the heart; and of atheromatous degeneration of the large arterial trunks. 5. Its most frequent cause is derived from fibrinous or calcareous concretions, and polypoid excrescences developed on the mitral valve, and carried along in the current of blood. 6. When the patient does not succumb under a first attack, another generally follows; thus the attacks are multiplied. 7. The arteries most frequently found affected are:—the Sylvian artery, the internal carotid, the arteries of the upper and lower extremities, the splenic, renal, external carotid, and mesenteric. 8. The obstruction ordinarily occurs at contracted points of the arteries. 9. If in consequence of the obstruction, a collateral circulation is established, only temporary disturbance is produced. 10. But if no collateral circulation is established, then follow organic alterations, mortifications, and gangrene, dry or humid, partial or general. 11. In the parenchymatous organs the obstruction of the arterial branches produces sanguinary or circumscribed fibrinous infarctus. 12. In the brain, the infarctus usually occasions yellow softening. 13. In the spleen and in the kidney, the infarctus produces a special lesion, exactly circumscribed, ordinarily of a conical shape, varying in color according to its age, and often denser than the rest of the parenchyma. 14. Emboli in the cerebral arteries produce functional disturbances analogous to an attack of apoplexy. The symptoms do not differ from

those of cerebral hæmorrhage, or acute softening.

Concave Knives in Flap Operations.—Geo. Allerton, Esq., M. R. C. S., makes a good suggestion in the *Lancet* of July 23d, in regard to the form of knife to be used in flap operations, especially in cases where the limb is very fleshy, or where the cellular tissue is much infiltrated. In such cases the flaps are often so bulging and bulky as to prevent a nice adaptation of their surfaces, and suppuration and sloughing occur, which not unfrequently terminate in death. Two operations have been proposed to meet this difficulty, viz. that of Mr. Luke, who recommends making the under flap first, and that of Mr. Erichsen, of making skin flaps with the circular incision of the muscles. Mr. Atherton thinks, however, that both practices may be avoided by the use of the concave knife:

"The proper curve to give to such a knife must be determined by experience, but I should think that a curve having a radius of thirteen or fourteen inches would suffice, the blade being in other respects like the ordinary double edged flap knife, with a blade about ten inches long in the cutting part. The handle and the blade should take the same sweep, the curve, of course, being on the flat surface. To use such a knife, it would be necessary to transfix the limb, taking a good sweep round the bone. The point once fairly through, thrust it onward and forward from point to heel, keeping its convexity well down in the muscles; then draw it back from heel to point in a corresponding direction, and finish the flap by cutting out. The best mode of using such a knife would, however, soon suggest itself to practical men, and I think its advantages would be great in some cases."

Faradisation; or, "Local Electrification."—Last week we gave some description of the treatment of lead colic by the local application of electricity by induction, or Faradisation, as it is termed. In the Paris correspondence of the *Med. Times and Gaz.* of Aug. 6, we find some further description of the local application of electricity in the treatment of disease. M. Duchenne, of Boulogne, a celebrated French physician, availing himself of Faraday's discovery of "electricity by induction," has shewn its value and adaptation to the treatment of a great variety of diseases, intractable in their character, and sometimes setting at defiance every other method of cure. By an ingeniously de-

vised apparatus, and the adaptation to it of a great variety of exciters, M. Duchenne professes to be able to act either on the surface of the skin or its deeper seated layers, or on the muscles and internal organs, without interfering with the super-jacent tissues. This he calls "local electrification."

M. M. Légendre and Morin have devised an apparatus for the purpose different from that of Duchenne, to which preference is given in the hospitals of Paris. "In this apparatus the primary motor power is a galvanic current proceeding from a Bunsen pile, which by its influence electrifies small bars of soft iron, and so renders them magnetic. The iron having become a magnet, acts in its turn by influence on a very fine wire placed near it, and there determines the electric current called 'current by induction.'

"Local electrification, or Faradisation, M. Duchenne treats of under three great heads: 1. Electrification of the skin; 2. That of the muscles; 3. That of internal organs, the organs of sense together with the organs of sensation. We shall as briefly as possible notice these three divisions in succession, and our remarks will be a simple condensation of the views of this celebrated physician, as exposed in his treatise, published some three years ago, and entitled 'De l'Electrification localisée et de son application à la Physiologie, à la Pathologie, et à la Thérapeutique.' Regarding the subject as one of intense interest to the profession, and considering it just possible that the above treatise may not be familiar to all your readers, we deem it advisable to lay before them such parts of it as may interest them most, and which may tend to stimulate them in the further prosecution of this important branch of medical therapeutics. Different parts of the skin being endowed with different degrees of sensibility to the electric currents, it naturally follows that in Faradising different regions some modification in the method or manner of performing it becomes necessary. For this reason Duchenne divides the different methods of cutaneous Faradisation into three classes: 1. Faradisation by the electric hand; 2. By metallic exciters, that is to say, by the application to the pole of globular, oval, or conical pieces of metal; 3. Faradisation by means of metallic cords. The peculiar effects to which each of these methods gives rise are different in each case, and hence their application requires a special study'

"Faradisation by the Electric Hand is ac-

complished in the following manner: A wet sponge, enclosed in a cylinder, is attached to one of the poles of the machine; the sponge is then applied to a portion of the skin endowed with but a small degree of sensibility, as, for example, over the sacro-lumbar region; the second exciter connected with the apparatus is held by the operator, who, after having carefully dried the skin by means of some absorbent powder, passes his hand rapidly over those parts which he wishes to stimulate. This is the mildest form of cutaneous Faradisation, and, except when applied to certain parts of the body where the sensibility is exceedingly great, its effects are barely perceptible.

"*Cutaneous Faradisation by some Metallic Bodies* is effected thus:—The skin is carefully dried, as recommended, for the electric hand, unless in those cases where the epidermis is thick and hard, as happens sometimes in those persons whose calling exposes them to much contact with the air, or substances calculated to harden it; in these latter cases it is even necessary to moisten the surface, in order that the electric excitation may penetrate the entire derma. This done, the metallic exciters, whether oval, conical or globular, are passed over the skin. The globular and the oval, or olive-shaped, are intended to excite by their convex surface the skin of the limbs and the thorax, while the conical-shaped exciters are used in the Faradisation of the scalp. All these solid metallic exciters must be passed with more or less rapidity over the affected parts; cases do occur, however, where it is necessary to produce a very powerful revulsion in a limited space, and to accomplish this, the point of the olive-shaped exciter must be left in full contact with such spot until the desired effect be produced. From the extreme pain to which the contact of the olive-pointed exciter with the skin gives rise, it has been designated the "clou électrique" (electric nail,) the patients comparing the sensation to that which might be produced by a burning nail driven into the skin. This form of Faradisation can be applied especially in the neighborhood of the vertebral column.

"*Faradisation by Metallic Cords.*—The metallic cords are used in the form of small rods, or small brushes, which are fixed in cylinders, the latter of which are attached to the isolating handles by means of screws. Sometimes the Faradisation is accomplished by whipping the skin with the metallic brush,

and sometimes the brush is allowed to remain in contact with the skin as long as the patient can bear it. The former method is that most frequently in use; the latter can be with difficulty supported by the patient, and is had recourse to only in deep-seated affections, such as white-swelling of the knee, or other important articulations. This is called the 'electric moxa.'"

AMERICAN.

Recto-vesical Lithotomy.—In the REPORTER of July 30th we announced this operation as having been performed on the 18th ult. by Dr. Louis Bauer, of Brooklyn. We are glad to learn from an advanced sheet of the *N. Y. Medical Gazette* for September, in which a full description of the operation is published, that its success justified the most sanguine expectations of the operator. On the 26th, *eight days* after the operation was performed, the patient was discharged *cured*, the silver sutures having been withdrawn the preceding day. So completely had the wound been closed by the silver sutures, that nothing occurred to interfere with the curative process. There was no leakage of urine through the wound, and very little constitutional disturbance followed the operation, which in all its details reflected the greatest credit on all concerned. The success of this operation will doubtless encourage others to resort to it.

Propylamin.—In some of our recent reports of the practice at the Pennsylvania Hospital, it will have been observed that Dr. Levick prescribed *Propylamin* in the treatment of Rheumatism. As this substance is attracting considerable attention in the treatment of this disease we copy the following description of the medicine and the method of obtaining it, from an article in the *Boston Medical and Surgical Journal*, by Mr. James R. Nichols of that city.

Propylamin is a clear, transparent liquid, having a pungent ammoniacal alkaline taste and smell. A feeling of causticity is produced, when a portion is rubbed between the thumb and finger. It may be derived from a variety of sources, from ergot, cod-liver oil, bone oil, human urine, &c, but most properly, for medicinal purposes, from herring pickle. When a quantity of old pickle is treated with a strong

solution of potassa, a pungent odor, like ammonia is evolved, which is propylamin liberated from its combination with an acid in the liquid. The neutral solution must be quickly distilled, and the process continued so long as the fishy odor is observed. The distillate is then saturated with hydrochloric acid, evaporated with much care to a dry crystalline mass, then treated with absolute alcohol, until the whole of the propylamin salt is dissolved out. A second careful distillation with hydrate of lime affords a small portion of pure propylamin. I have found that nearly all that should be used for medicinal purposes, comes over without the application heat, or from slight warming. Imperfectly or unskillfully prepared, the remedy will prove worthless, while fresh specimens of *true* propylamin may possess great medicinal value.

The virtues ascribed to propylamin in the cure of rheumatism, and affections of a rheumatic origin, are extraordinary. Dr. Awenarius, of St. Petersburg, has treated (according to a notice translated from Bouchardat's *Repertoire de Pharmacie*, by Prof. Proctor, for the *Journal of Pharmacy*), two hundred and fifty patients in the hospital of Kaulinkin at St. Petersburg, between March, 1854, and June, 1856, and in acute cases the pain and fever *always disappeared the next day*. He regards it "as a true specific for the various affections of rheumatic origin." The diagnosis of these diseases being often very obscure, one can succeed (says M. Awenarius), by the use of propylamin in bringing to light, in a few days, the true nature of the malady. It is stated to have been employed in outside practice with equal success.

Although the claims for the new agent may be, and probably are extravagant, still, should it be found to have, in any measure, control over the specific disease for which it is recommended, it will indeed be a blessing to a suffering class of patients, and therefore merits a trial at the hands of the profession.

The remedy is prescribed in the following manner:—R. Propylamin, gtt. xxv.; distilled water, f 3 vi.; and when necessary, add oleo. sacch. peppermint, 3 ij. Dose—a tablespoonful every two hours.

Death from the Bite of a Snapper.—The *Middleboro' (Mass.) Gazette* says that a boy in Plympton, who was bitten on a finger by a snapping-turtle, died in a few days, with all the symptoms of a violent hydrophobia.

Medical News.

The *Medical Library of the Pennsylvania Hospital* is now considered to be the best collection of medical works in this country. It was founded in the year 1763, and has grown gradually since that time by the yearly addition of the standard works of medical literature, and at this time contains about *eleven thousand volumes*.

A *Catalogue raisonné*, of the library, arranged after the plan of the Library of the Medical Society of Edinburgh, adds much to its general utility and is a model of systematic accuracy and correctness.

In this priceless collection all varieties of pursuits and tastes in medicine may be satiated. Here is an immense field for the medical antiquary in which to exhume the fossils of an antediluvian chaos of science. The medical historian may plod until weary through the mediæval darkness, and the shelves are yearly lengthened by the addition of all that is valuable in modern medical enlightenment.

The library is accessible to the medical profession and students, under certain regulations, and has always been the resort of many who have contributed to the high medical character of Philadelphia, and American medical literature is indebted to it for many facilities which could not have been obtained elsewhere than in the Library of the Pennsylvania Hospital.

An English paper says that an ostrich received recently by Dr. Lepetre, Member of the Zoological Society of Acclimation at St. André le Fontenoy, near Caen, died three days ago, and on being opened, a clasp knife, some stones, some nails and a file, were found in his stomach.

The *Atlanta Med. and Surg. Journal* says that "*hospitals are of no very great service to the medical student previous to graduation*."

This opinion is strongly illustrative of the fable that alludes to some *grapes* which being out of reach, were considered *sour*.

The *Journal* honestly acknowledges that *after graduation*, (we suppose it means at *Atlanta*,) it is important to visit the northern hospitals.

Caudalism.—There be many caudal appendages—to men's names. Thus we have "*M. D.*"—perhaps a necessary evil, though it has suffered so of late, by association, that we confess to a desire to supplant it. Then there is

"*LL. D.*," which certainly sounds out of place appended to a *physician's* name—and it too, lately received a terrible blow, as announced in a recent number of the *REPORTER*. Then, again "*Professor*" of this, (well enough,) and "*LATE Professor*" of that—"Member" of this "*Society*," and that; and, finally, by way of covering up all supposed deficiencies, the ambiguous, "*etc., etc., etc.*"—*cauda caudæ!*

But the "*cap-sheaf*" of all titles (to use a provincialism) comes to us at the head of an interesting communication in a late number of our excellent cotemporary the *New York Medical Press*, by Augustus K. Gardner, M. D., "*Editor of Tyler Smith's Lectures on Obstetrics!*" There sirs, is "*honor*" for you—but honor to whom, remains an open question!

Freaks of Lightning.—In Otsego Co., N. Y., a short time since, a whole hop yard, covering three and a half acres of ground, was struck by lightning, and nearly the whole crop of hops destroyed. The vines were supported upon strings attached to wires that run from posts on each side, and these were connected by cross wires, so that when the electric charge fell upon a corner post which it shivered, it ran over every wire, and down nearly all the posts, as well as down many of the strings and the climbing vines, in some instances tearing the roots out of the ground, and tearing from the seventy-eight posts that held the wires a wagon load of kindling wood.

In Boylston, Mass., the house of Mr. Eli Hutchins was struck by lightning. The house-dog was killed, while a child who had his hand upon the back of the dog at the moment it was killed, escaped uninjured. The house was guarded by one of Lyon's twisted copper lightning rods.

Dr. W. P. Williams, formerly of Maryland, has been appointed to the post of Quarantine Physician at the port of New Orleans.

Dr. Von Moschzisker.—This individual, who professes to be an oculist and aurist, has been sojourning in our city for some time, with what success in mending or destroying eyes or ears we are unable to say, though he does not seem to have created very great excitement by his presence. As we saw his baggage a few days since at the Pennsylvania Railway depot, we presume that he is going to "*try his hand*" again somewhere at the west. What his previous performances have been in that section of country, may be gathered from the

following extract from the *Memphis Eagle and Enquirer*, which we find in the *St. Joseph Journal of Medicine and Surgery*. Perhaps the celebrated Dr. Von Jaw-breaker has gone back to Memphis, to finish up his work there. Newspapers are so given to puffing roving quacks, that it is rather refreshing to see them compelled to eat their own words, as the *Enquirer* does :

"Just two days after the publication of the article referred to—that is, two weeks ago to-day—Dr. Von Möschzisker suddenly took his departure from Memphis, leaving a number of patients, of whom we were one, entirely in the lurch. No notice of his departure was given, and the cause assigned was the reception of a dispatch from Philadelphia, announcing the serious illness of his wife. This, together with a message left for us that he would send directions back, has caused us to delay this publication. We have waited until all hope of his fulfilling his promise has vanished, and we have no reason now to consider him other than a consummate swindler. We therefore now retract all we have said of him as a gentleman or an honest man, and we warn every one who may be afflicted with disease of the ear or eye, against placing the slightest confidence in his promises. He assured us of a cure; we paid him his fee in good faith; he treated us two weeks, and then left; and we are no better off than we were before. Others in this city were served in the same manner."

New York Sensations.—Our Gothamite neighbors are sadly in need of a corporation chemist. They cannot live without having "a sensation" of some kind on the carpet. They recently had some cases of cheese poisoning which would have startled none but a New York community, and out of which the chemists made a job, and a committee was sent in pursuit of the origin of the cheese, in expectation of developing a "terrible tragedy," whereas any medical tyro could have told them that it is no very uncommon thing for green cheese to poison, and that it seldom, if ever, proves fatal.

Then the Croton river must cause a panic through the city, merely because the water had a sedgy odor and taste, and chemists and committees are again called into play to allay the excitement. Of course "nothing was discovered"—but water. In the meantime, the Academy of Medicine very foolishly, as we think, volunteers its recommendation that the supposed deleterious matters in suspension in the croton water, be precipitated by the addi-

tion of alcohol, which would, of course be equivalent to recommending the addition of bad whiskey. The remedy in this case is worse, a good deal, than the evil.

We anxiously await the next New York sensation. According to the *Medical Press*, one may certainly be looked for from the first to the middle of October. After our return from "the sea shore," we shall look to the *Press* for a supply of "wind," that we may have where-with to give vent to our feelings on the occasion !

Fighting on an Empty Stomach.—The *Times* correspondent says: "Finally, as to the condition of the Austrian soldier going into battle. There is no doubt that an ill-fed army does not fight so well as one which freely partakes of food. Now, the Austrian army is an ill-fed army. The rations of a soldier in Italy consisted of one-half pound of beef and a proportional quantity of bread. Neither wine, nor spirits, nor coffee, are part of the bill of fare. If the Austrian soldier wants more than his ration, he buys it. This is a fruitful source of disorder. On a march the soldier falls out of his rank to buy cheese or bacon. He must run to resume his place, and he eats in the ranks. He is obliged so to satisfy his appetite and quench his thirst, because the regulation is that he shall cook but once a day. In time of peace the meal is cooked and served at a regular hour. In time of war, on a march for instance, the cooking takes place in the evening, after the bivouac is prepared. The meal having been eaten, the soldier lies down, and is not entitled to another for 24 hours. The result of this at Solferino, has already been mentioned. The soldiers ate their dinner on the evening of the 23d, and were not entitled to another until the evening of the 24th. In the meanwhile a battle was to be fought, on an empty stomach."

The above may be in accordance with military gastronomics, but we venture the opinion that in civil life the reverse holds good, and that to civilians, an empty stomach is sufficient *casus belli*, and an excuse for general exasperation and bellicose feelings. The experience of our readers probably is, that a full meal tends rather to amiability and a dozy tranquility, than to fighting inclinations.

The first Napoleon remarked that "the strength of an army is in its legs;" the third Napoleon locates it in the stomach, so the latter keeps his men well fed.

PROSPECTUS OF VOLUME THIRD.

In announcing the commencement of the Third Volume of the MEDICAL AND SURGICAL REPORTER, in its Weekly Form, the Proprietors embrace the opportunity of returning their thanks to the Profession for the very liberal support they have given it. And they desire in an especial manner to acknowledge their indebtedness to their brethren in this city for the encouragement they have received at their hands. The eminent success which has so speedily crowned the attempt to establish a Weekly Medical Journal in the emporium of medical teaching and literature in this country, has fully vindicated our judgment in inaugurating the enterprise. Weekly publications conducted on the plan we have adopted—which have been so long popular in Europe—may be now considered as firmly engrafted for the first time on the medical literature of our country. The advantages of a weekly medical literature are so evident that we shall be content with a mere reference to them.

As an evidence of the favor with which the REPORTER has been received by the profession of the country and of its adaptation to meet the wants of the general practitioner, we would mention that we find, on reference to our books, that already there is not a State in the Union that does not furnish us with actual subscribers. New York gives us subscribers in eighteen counties; New Jersey gives us her almost undivided support; Pennsylvania gives us subscribers in thirty-seven counties, Virginia in sixteen, North Carolina in ten, Georgia in twenty-four, Alabama in ten, Kentucky in nine, Iowa in seven, Illinois in thirteen, Ohio in twelve, etc., etc. We mention these States as representing every section of the Union. In some towns, containing from three to half a dozen physicians, all of them are subscribers to the REPORTER.

The following is the plan of the work:

1. Original Lectures on Special Departments of Medicine and Surgery.
2. Original Communications.
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and schools of this and other cities.

4. Reports of papers read, and discussions had before Medical Societies.
5. Editorial Department, comprising—
A Weekly Domestic and Foreign Periscope.
Brief Reviews and Notices of Books.
Editorial Articles,
Correspondence,
Medical News.

The Communications which have been in course of publication since the commencement of the second volume

ON ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY,

will be continued, and will be found to increase in interest as they progress. They will be fully illustrated, and when those portions of the body are treated of that are the most liable to injury, they will be found to afford to the physician practical information that he will seek for in vain in the books. These articles, when completed, will make a most thorough work on Anatomy, and divest the subject of what have been regarded as its uninteresting features.

The Reports of *Hardy's Lectures on Diseases of the Skin*, which have been interfered with by the illness of Dr. Bolling, will be resumed soon. The Clinical Department, under the head of

ILLUSTRATIONS OF HOSPITAL PRACTICE,

will be sustained with vigor, and shall not be surpassed by any similar reports in this country. The reports of the clinical lectures will be taken down by a competent reporter, and then be submitted to the revision of the lecturers; and thus this department will be a true exponent of the teaching and practice of the most distinguished teachers of medicine in our country.

We shall give correct reports of the most important *Debates before our Medical Associations*, which will be found to convey much practical information in a very interesting and pleasant style.

The *Editorial Department* will receive special attention. Under it we shall discuss matters of general interest to the profession, publish home and foreign correspondence, and give a full weekly summary of MEDICAL NEWS. We shall also give increased attention and space to the

PERISCOPE DEPARTMENT

of the work, under which we shall give full summaries of Domestic and Foreign Medical Literature.

It will thus be seen that we propose to make the REPORTER a complete and PRACTICAL exponent of Medicine and Surgery in all their departments. To the full attainment of this object nothing that our means can command will be spared, and we confidently look to the profession for their countenance and support.

The REPORTER is issued every Saturday morning, each number consisting of twenty-four pages of super-royal octavo size, and printed with a clear type on good paper. There are two volumes a year, with index and title page. *The Volumes begin on the first of October and April.*

Terms.—The subscription price is \$3 a year, or \$1.50 for six months, payable in advance. Subscriptions must begin with and include a volume. *The REPORTER will only be sent to those who pay for it.* Notice will be sent to subscribers at the termination of their subscriptions. Current paper, postage stamps or gold, (firmly secured between cards or thick paper, and the envelope well closed,) will be received in payment.

The REPORTER can be supplied from the commencement.

Communications, Essays, Items of Intelligence, Biographical Sketches of distinguished men, etc., etc., are respectfully solicited.

Address "Editors of the Medical and Surgical Reporter," Philadelphia, Pa.

S. W. BUTLER, M. D., } Editors.
R. J. LEVIS, M. D., }



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

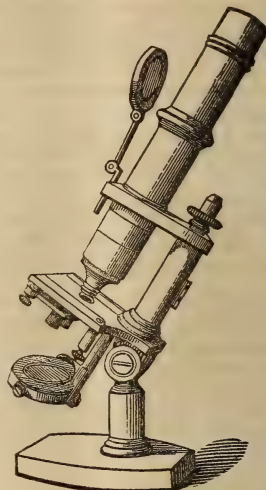
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

JAMES W. QUEEN & CO, OPTICIANS,
123—1y 924 Chestnut St., near Tenth, Phila



PHILADELPHIA SURGEONS'
Bandage Institute, (patronized by the Medical Faculty,) No. 14 (late 4) North Ninth street, West side, the Sixth Store above Market. B. C. EVERETT, Principal.

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

COLLECTING AGENCY.

THE undersigned will attend to the collection of Physicians' and Dentists' Accounts, House Rents, &c.

WM. M. DICKSON,
Agent for "Druggists' Circular," N. Y.; and Med. and Surgical Reporter, Philada., &c., &c. Address Box 82, Philada.

SCHÆFER & KORADI,

South-west Corner of Fourth and Wood Streets,

Have received—

HANDBUCH DER RATIONELLEN THERAPIE vom heutigen Standpunkt wissenschaftlicher Forschung und klinischer Erfahrung für praktische und angehende Aerzte bearbeitet von Dr. Theodor Wittmaack. 2 vols. octavo, 1859. Price \$5.

NATHAN STARKEY,

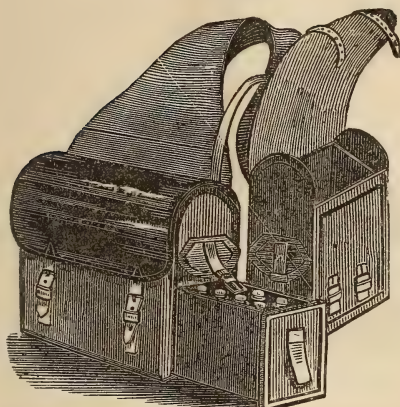
MANUFACTURER OF
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable
Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather,
with Pat. Leather Covers. Flat Pattern, with Pockets. Box
Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11, " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 " "	19 00
No. 3, " 48 " " " 4 " "	17 50
No. 4, " 37 " " " 4 " "	13 50
No. 5, " 32 " " " 4 " "	12 50
No. 6, " 27 " " " 4 " "	10 50
No. 7, " 20 " " " " "	8 50
No. 8, " 15 " " " " "	6 50
No. 9, " 14 " " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mount-
ing, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints,
Syringes, &c.

Manufactures to order and keeps constantly on hand a general
assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen
about to commence practice would do well to call and examine
his large assortment of Instruments. 118

Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of
these Baths in all the principal cities of Europe, and the
desire which has been so constantly expressed by the profes-
sion, to have a place, containing the necessary apparatus and
attention—has induced the subscriber to open an establishment
for their special administration at No. 1121 Spruce street.
The institution has received the highest approval and entire
sanction of the most eminent practitioners of this city and New
York. Such arrangements have been made, that separate
Reception and Bath Rooms, and appropriate attendance, is to be
given to the different sexes, and every other privacy, convenience
and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly
welcomed, and every explanation as to the working and appli-
cation of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths ap-
plied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

139

No. 1121 Spruce street.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was
engaged, for a considerable time, in the most celebrated work-
shops of Paris, Belgium and Germany, and does not hesitate to
say, that there is no instrument, however complicated or
minute it may be, whose construction he is unacquainted with,
or which he could not manufacture.

Deeply impressed with the responsibility attached to the
maker of Instruments employed by the Surgeon, he will furnish
no instrument without a conscientious certainty of its being as
perfect as it is possible to make it.

As he has during the last three years been present at the op-
erations performed at the Surgical Clinics of the Colleges and
Hospitals of Philadelphia, he trusts that he understands fully
the wants of the Profession in this important department. He
asks attention to his Artificial Legs, Arms, and Club-foot Appa-
ratus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hos-
pital.
Henry H. Smith, M. D., Professor of Surgery, University of
Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Penn-
sylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical
College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical
College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Lewis, M. D., " "
Isaac Hays, M. D.
P. B. Goddard, M. D. 118

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

SESSION OF 1859-'60.

THE ANNUAL SESSION WILL BE OPENED ON MONDAY, 17th October, 1859, and continued until the second Thursday of March, 1860.

EDWARD DELAFIELD, M. D., President.
JOSEPH M. SMITH, M. D., Prof. of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.
WILLARD PARKER, M. D., Prof. of Surgery.
CHANDLER R. GILMAN, M. D., Prof. of Obstetrics and Medical Jurisprudence.

ALONZO CLARK, M. D., Prof. of Pathology and Practical Medicine.

JOHN C. DALTON, Jr., M. D., Prof. of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Prof. of Chemistry.
THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOT, Jr., M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy.

Fees.—Matriculation fee, \$5. Fee for Professors' Ticket, \$105. Demonstrator's ticket, \$5. Graduation fee, \$25.

The Fall Course will be commenced on the 19th September, and continued until the opening of the Regular Course, as follows:

Anatomy of Heart and Arteries, by Dr. WATTS.
Meteorology as applied to Hygiene, by Dr. ST. JOHN.
Physiology of the Circulation, by Dr. DALTON.
Venereal Diseases, by Dr. F. I. BUMSTEAD.
Practical Surgery, Dr. E. ACOSTA.

Also, Four Cliniques a week, during the entire Session, by Drs. PARKER, CLARK, DETMOLD and ELLIOT. The full Course is free to the Students of the College.

The "Harsen Prize," a gold medal of the value of Fifty Dollars, besides not less than a hundred dollars in money, will be awarded to that Undergraduate of the College who shall prepare the best written report of the Clinical Instruction in the New York Hospital during any four months of the year immediately preceding the Annual Commencement in March.

The "Faculty Prizes," one of Fifty Dollars, one of Twenty-five dollars—will be awarded to the two best Graduating Theses, presented during the year.

148 ROBERT WATTS, M. D., Dean.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1859-60.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. MCQUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUESSEROT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S.
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
133 North Eleventh street,
Philadelphia.

J. M. MIGEOD,

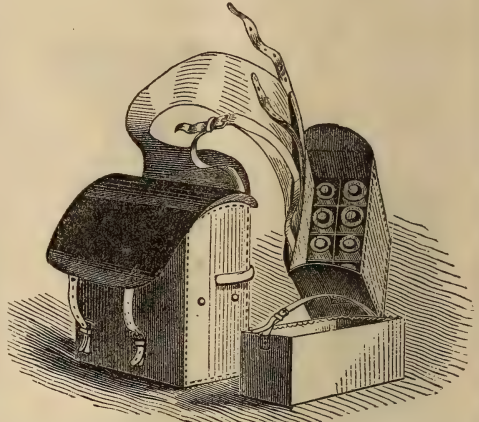
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley),

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " "	\$9 50
No. 2, containing	10 1 oz. " " "	
	10 1/2 oz. " " "	8 50
No. 3, containing	8 1 oz. " " "	
	8 1/2 oz. " " "	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " "	9 50
No. 6, " "	16 1 oz. " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " "	9 50
No. 9, " "	16 1 oz. " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " "	
" " "	4 Pots, " " "	and
" " "	1 Mortar, " " "	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " "	
" " "	4 Pots, " " "	and
" " "	1 Mortar, " " "	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " "	and
" " "	4 Pots, " " "	\$12 00
No. 4, containing	20 1 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " "	
" " "	18 1/2 oz. " " "	
" " "	4 Pots, " " "	and
" " "	1 Mortar, " " "	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " "	
" " "	14 1/2 oz. " " "	
" " "	4 Pots, " " "	and
" " "	1 Mortar, " " "	\$16 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " "	and
" " "	4 Pots, " " "	\$13 00

126 y

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, }
NO. 150.

PHILADELPHIA, SEPTEMBER 3, 1859.

{ NEW SERIES.
VOL. II. NO. 23.

Original Communications.

ANATOMY

IN ITS

RELATIONS TO MEDICINE

AND

SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 11.

FACIAL REGION.—This part is placed between the frontal protuberances above and the neck below, and is beneath the anterior part of the cranium. It rests upon a skeleton consisting of fourteen pieces, most of which are small bones, though the great volume of it is based upon the superior and inferior maxillary bones. It forms by an extraordinary combination of parts secure chambers for the accommodation of three of the organs of sense—*vision, olfaction* and *taste*. When the position of the auditory apparatus is remembered, we cannot fail being struck with the close assemblage of all the great thoroughfares of knowledge, and their proximity to the brain of all those instruments by which the mind is enabled to communicate with the exterior world. When the face is compared with the head, and which is best done by a vertical section of both, viewed in profile, it is seen not to be more than one-fourth the size. Any unusual development of the face is attained at the expense of the cranium, and as the organs of sense rise in importance in a corresponding ratio, the *animal* also gains at the cost of the *intellectual*. The mathematical relation subsisting between the facial and cranial bones, furnishes

the basis for erecting an angle designed to gauge the capacities of the mind. This is commonly known as the angle of Camper, and is comprised between lines extending from the space between the front incisor teeth of the upper jaw to the middle of the forehead, and the external auditory canal. The nearer a right angle these two lines may approach, the greater will be the cranial capacity, and the less the facial. The anatomical constituents of the head and face are found to follow such persistent plans of growth and figure, as to give a very reliable import to the subject of national craniology. The varieties observed in the cranial and facial skeleton of different races should be ascribed to intellectual and animal differences. The maximum of this angle is attained in the European, and measures from 80 to 85 degrees.

The ancients in their works of art exaggerated this angle to an extent never seen in nature; though perhaps excusable when the object of the artist was to embody in marble his conceptions of the god. Antecedent to dentition the size of the face in children is very small compared with that of the head, which magnifies this angle almost to a right angle, in which case also the sensiferous organs are but moderately developed, furnishing a beautiful example of organization adapted to their dependent relations in life, untiring parental affection being to them instead of senses. When the eruption of the teeth commences, the face becomes rapidly more prominent, and continues to increase until adult life, the facial angle becoming more and more acute. The simultaneous amplification of the organs of smell, sight, taste, and hearing now corresponds to that independent state of advancing manhood when the individual must rely

upon his own appointments for the battle of life.

There are three sets of organs opening out upon the face; the *nasal, orbital, and oral*, and in treating of this subject I shall regard it under the following divisions:

First—Two lateral regions extending from the base of the lower jaw below to the orbits and zygomatic arches above, and from the sides of the mouth and nose in front to the cartilages of the ears behind.

Second—Two median regions; the *oral* and *fronto-nasal*.

Third—Two superior lateral; the *orbital* regions.

First. The *lateral facial* region includes that part of the face usually spoken of as the cheeks; it forms, therefore, the side of the mouth, and depends for its resistance on a skeleton formed by the malar and upper and lower maxillary bones, and is continuous below with the neck.

Beard.—This part of the face as well as that of the upper lip and chin in the adult, is occupied by a growth of hair, which, like that of the head already treated of, has a historical importance both extended and curious. This appendage has furnished the cause of long and bloody wars, as an instance of which we have that fierce contest between the Tartars and Persians, in consequence of the latter refusing to cut off their beards. A no less violent, though less sanguinary contest, was carried on in the ecclesiastical world between the Greek and Roman divisions of the church on the same subject. The beard was regarded as a mark of honor and veneration. The Emperor Constantine, Geoffrey, of Crusade memory, Brouhard and others, had the suffix "*Bearded*" to their names, just as we see now have M. D. or D. D., the former probably implying the most of the two. The ancient Gynosophist philosophers cultivated it from similar motives. The long white beard of Nestor and old Priam is not lost sight of by Homer, and Socrates was styled by Perseus "*magistrum barbaturum*." It was connected with the ceremonial forms which preceded the assumption of cer-

tain family relations. In the treaty between Clovis and Alaric it was stipulated that the latter was to touch the beard of the former, according to the prevailing custom, in order that he should become his god-father. It played a part and does to this day in the salutations of the East; friends kiss and bless each other's beards; a Turk or an Arab would prefer death to its loss, while our American Indians carefully pluck it out.

At one period in the early history of France the King was in the habit of embedding in the seal of his letters three hairs from his beard, as the most sacred assurance of royal protection. It is even asserted by some that the decline of Spain may in part be attributed to the extensive shave which followed Philip II, who ascended the throne with a smooth face. During the reign of Louis XIV, whiskers became so popular that ladies even esteemed it a rare privilege to dress those of their admirers, and in order to advance the facilities for so agreeable an office, gentlemen were in the habit of carrying pomatum, brushes, and other little articles of the toilet in their pockets for the accommodation of the ladies. The practice of allowing the beard to grow unshorn is undoubtedly very ancient. Allusion to this fact is made in several passages of the sacred writings. In speaking of the unity of brethren, the Hebrew Poet says: "It is like the precious ointment upon the head, that ran down upon the beard, even Aaron's beard, that went down to the skirts of his garments;" and its loss was esteemed a source of mortification and shame, as may be inferred from the conduct of David's servants in remaining at Jericho until all traces of Hanun's indignity had been removed. It was the subject of legal regulation during the theocracy of the Jews.

At the execution of Sir Thomas Moore, a beautiful incident occurred illustrative of personal self-possession and respect. Just before the executioner's axe descended, observing his beard in the way, he pushed it aside, saying, "my beard has not been guilty of treason, and it would be an injustice to punish it."

As Americans, we are fast becoming a

bearded nation, the youth of this country being as precocious in this as in other things. The contrast in this respect between the boys of city and country districts cannot fail to strike the observer. Among the latter, smooth chins may be seen until 16 or 18 years of age, but among the former the growth takes place so early that the whole lad may be comprised in little else than the Frenchman's retort, "*boots and moustaches*." This fact is by no means unimportant. It goes to show that moral and social training does exert an unquestionable influence upon the period of puberty.

There are many reasons for believing that the beard should not be removed. In cold localities it is an important defence. The skin of the cheek is very delicate, and is underlaid by a net work of both motor and sensory nerves, the 5th and 7th pairs, which are peculiarly impressible to the influence of low temperature. Almost every one has felt the stiff and paralyzed condition of the face when unprotected it has been exposed to the frosty air of a winter day, also the chattering teeth. Both toothache and neuralgia have been entirely removed by allowing the beard to grow. So in warm situations it serves as a defence against the irritating effects of the sun's rays, preventing tan, freckles, inflammation and desquamation; thus it is very common to find boatmen, and those employed about the water, cultivating a luxuriant growth of beard to obviate these inconveniences.

That portion occupying the superior lip, commonly called the *mustaches*, is well situated, not only to defend the lip, but to arrest and entangle particles of dust which would otherwise be drawn into the respiratory passages.

Mr. Chadwick asserts that travellers in Syria and Egypt suffer so much from the small sand which fills the air that they really find it necessary to delay the wilderness journey until their mustaches have grown. To all, therefore, whose occupations expose them to dust, such as threshers, millers, smiths, etc., the preservation of this growth will be useful.

Characteristics of Surface. The finger carried from the inner angle of the eye to the ear

will feel a continuous line of bone formed by the lower edge of the orbit, malar, with its zygomatic process, and the zygomatic process of the temporal, the two forming the arch.

The prominence of the posterior half of the lateral region of the face, extending from the zygoma to the base and angle of the lower jaw, is produced by the masseter muscle. Between this muscle and the cartilage of the ear, the space is leveled up by the parotid gland. In front the finger can be pushed inwards and backwards to some depth, by entering between the masseter and buccinator muscles. A dimple is often seen, situated in this part of the face. In the angle between the cartilage of the ear and the zygoma, the condyle of the inferior maxillary can be felt, and if the jaw be moved at the same time, its location becomes very evident; hence, when the bone is displaced from its articulating cavity, a very marked hollow or depression is noticed in this situation. A swell is seen, also running from the side of the nose and inner angle of the eye, outwards and downwards to the masseteric ridge, and is formed by a mass of muscular tissue, the *levator labii superioris* and the *levator angularis*, together with considerable adipose tissue.

Skin.—The skin on the lateral parts of the face is delicately organized, the capillary vessels being so numerous and superficial, as to heighten very much its color, and give the bloom to the cheek; its mobility also is considerable, and is abundantly supplied, especially in the outer and lower portions, with sebaceous and hair glands.

Practical Observations.—*Alteration in Color.*—This is of two kinds, *vascular* and *pigmentary*.

First. Vascular color.—Whatever increases the force and rapidity of the circulation, in consequence of the delicacy and superficial position of the vessels, will increase the color of the face, as in febrile affections or after active exercise.

This capillary circulation is much influenced by emotional causes, as in fear, anger and shame; and also by diseases affecting the organs of respiration, these shall be noticed after

the nerves of the region have been described. For the same reason, their exposed situation, allows them to be influenced by cold, producing paleness. A mottled appearance of the face is a constant attendant of any thing which may interfere with the circulation on the right side of the heart, owing to the resulting venous congestion.

Desquamation during the summer months is very common, in consequence of the hyperæmic condition of the facial vessels, induced by the stimulus of the sun's rays.

Second. *Alteration in pigment.*—The coloring matter of the skin is situated in the rete-mucosum, and its formation is greatly influenced by sun light; hence the most exposed portions of the body exhibit these changes. Hence, the inhabitants of the city, and of cool latitudes have fair complexions when compared with those of the country, or such as live in hot climates. The importance of light cannot be too highly estimated in a hygienic point of view, and it is probably not saying too much to assert that over one-half of all the cases of disease involving the lymphatic system, seen in our great cities, may be placed to the account of that accursed principle of avarice which dictates the erection of blocks of houses front and rear, so closely packed together, as almost never to allow one stray sunbeam to gladden the eyes of their inmates.

As examples under this second head, we have *tan* and *freckles* following exposure to the sun, and which, for the most part, disappear during the temperate months of the year. Persons of light or red hair are most liable to freckle, and to retain them when once formed. Congenital lentigo will not disappear, or if it does, it takes place about the age of puberty.

Spots are seen on the faces or necks of females who may be laboring under uterine difficulties, (maculæ gravidarum,) or disorders of the liver, or during the period of pregnancy; these are termed *chloasma*, and of course are to be attributed to constitutional causes, modifying the cromatogenous function of the skin. There may be an entire congenital absence of pigment in the skin of the whole body, consti-

tuting "*leucopathia*," or albinism. A piebald appearance of the negro is sometimes seen by the pigment being removed over large spots, forming the *vittiligo* of authors. Certain medicinal agents, as the nitrate of silver, when too long continued, produce an alteration of color, at first bluish, and afterwards becoming a green slate tint. This change, while it extends over the entire surface of the body, is most decided upon the face and hands; the parts most exposed to the light. There is a bronze discoloration, also, which is said to be pathognomonic of disease of the supra-renal bodies.

Moles, which are so frequent a source of annoyance, not only from their prominence, but the cluster of stout hairs which surmount them, are also spots of augmented pigment. The local applications which are employed for the removal of tan, freckles, moles and other varieties of maculæ, when they remain persistent, are useless. Moles may be sloughed out by caustic, but it is better and more efficient to remove them by the knife. The nostrums which are sold for this purpose are composed of astringent articles, which, by diminishing the capillary circulation, may screen but not remove, maculæ.

As it is important to avoid scars upon the face, the surgeon should always be careful, if possible, to bring the edges of wounds accurately together, and maintain them thus, either by the silver, or twisted suture, and as the mobility of the skin is greatest over the lateral region, a larger portion may be removed in operations here than elsewhere.

A Case of Puerperal Convulsions.

By N. D. FERGUSON, M. D.,

Of Carthage, Jefferson Co., N. Y.

On the first day of April last, at 7½ o'clock A. M., I was called to see Mrs. F., aged 29 years, in her fourth pregnancy, and hourly expecting to be confined, and found her lying on the floor in a violent convulsion. The paroxysm soon subsided, when I placed my patient upon a bed, and immediately bared the arm for the

lancet, and abstracted about twenty-six ounces of blood.

In about half an hour she had a second convulsion, and directly after it was bled twelve ounces more.

I then made an examination per vaginam, and found the uterus completely developed, but no dilatation of the os had yet taken place.

Pains, however, soon came on, the membranes were ruptured, a large quantity of liquor amnii escaped, and my patient was delivered at 10½ o'clock, after having suffered two more violent convulsions.

Shortly after delivery she had another attack, and as soon as she recovered from the fit was again bled. About one hour intervened when another paroxysm appeared, and bleeding was again resorted to. The convulsions still continued to return, and the vein was opened a fifth, and even a sixth time in the course of the first twelve hours, and about seventy ounces of blood taken.

Bleeding having been carried as far as the circumstances of the case would seem to indicate, and relief not being obtained, purgatives were freely given, and active catharsis procured in a very few hours.

The fits continued to recur at longer or shorter intervals, and with wonted severity, for a period of twenty-eight hours after delivery had been effected, during which time she suffered sixteen attacks, the last of which was quite as severe as the first.

After copious alvine evacuations had been procured without much apparent relief, venesection was again resorted to and put in requisition three several times, and about twenty-two ounces more of blood taken, when the convulsions ceased, after having continued with alternations of coma and a slight degree of consciousness for a period of thirty-one hours.

At 10 o'clock P. M. of the third day mania supervened and continued fourteen days, during which time camphor, assafoetida, and morphia, were administered, the latter never failing to procure sleep.

Paralysis of the left arm was observed after

the second paroxysm, from which she has not as yet entirely recovered.

The blood abstracted from the arm of the patient at the different bleedings, (which were nine in a period of thirty-two hours,) weighed, after standing in open vessels forty-eight hours, eighty-nine ounces. This, with a small quantity spilled during one of the bleedings, and what would necessarily escape from the uterus at the time of parturition, together with what gushed from the orifice under the influence of violent spasms, and the necessary evaporation, must make nearly one hundred ounces of blood which the patient lost in about thirty-two hours.

The case was regarded by me, and also by my consulting physician, Dr. West, as a very unusual one, and I find, by reference to authority, that it was even so, and I offer this fact as a reason for reporting it.

Remarks.—The points of interest in the case are:

1st. The great length of time the convulsions occupied, from their commencement to their final termination.

2d. The great quantity of blood drawn from the patient, who was neither plethoric or spare.

3d. The supervention of mania, from which she soon recovered.

4th. Paralysis, which is yet a source of some inconvenience, but has nearly disappeared.

From my own experience in this disease, I am inclined to the opinion that blood letting should be cautiously persevered in until the convulsions cease to recur. That it might perhaps be established as a rule to be adopted in such cases, that our first bleedings should be free, and our subsequent ones less so, and repeated at intervals until the fits shall cease to return.

On the Use of Chloroform in Convulsions of a Puerperal Character.

By F. McGRATH, M. D.,
Of Pittsburgh, Pa.

The following case, confirmatory of the value of chloroform in convulsions of a puerperal or allied form, I have thought worthy of record.

Last May, Mrs. D——n, a young married lady, then in the seventh month of pregnancy, residing in the suburbs of this city, while crossing a street on her way home, was startled by loud calls, warning her of some immediate danger; on looking round she perceived a runaway horse, approaching at a rapid pace; the fright she experienced was such as to deprive her of all power of motion, sight left her, and she fell down insensible, the horse passing her by untouched. The bystanders carried her home, when convulsive fits of a frightful character ensued, which (notwithstanding general and local depletion, with other external applications,) persisted, with slight intermission, during the entire evening. My friend, Doctor Walter in attendance, having other pressing demands on him, requested that I would take charge of the case. On visiting the lady, some five hours after the accident, I found her in strong convulsions, perfectly insensible; bloody saliva ejected from the mouth; face turgid; pulse full.

I determined on further depletion, and reopened the vein in her arm, and having allowed fully a pint of blood to flow, without the slightest influence on the convulsive fits, I proceeded to the use of chloroform, the effect of which was truly gratifying. After a few minutes inhalation, all became calm—the convulsions ceased. I remained about two hours, from time to time administering the chloroform, at each apparent tendency to recur, until I felt satisfied they were completely arrested. Finding the power of deglutition restored, teaspoonsfull of fluids were given frequently, but she remained nearly 36 hours in a state of insensibility, after which she slowly recovered, wholly unconscious of what had occurred from the moment of her fall.

I expected premature labor would have set in, but the womb remained quiet, and retained the fœtus up to the full period, when, after a natural labor, a large healthy female infant was born, which with the mother continued to do well.

I must acknowledge my indebtedness to the interesting paper of Doctor Tracy, of Melbourne, Australia, copied into Braithwaite's

retrospect of January, 1859, for a remedy at once so valuable and readily administered in these cases, hitherto so embarrassing to the physician, so exhausting to the patient, and alarming to anxious friends.

Illustrations of Hospital Practice.

ENGLISH HOSPITALS.

From notes taken by LAURENCE TURNBULL, M. D.,
of Philadelphia.

Hospitals in Birmingham.

In Birmingham, for the relief of the suffering poor, there are, a General Hospital, the Queen's Hospital, a Dispensary, a Lying-in Hospital, and an Eye Infirmary.

The latter is called the Birmingham and Midland Institute for the Cure of Diseases of the Eye, and is supported by voluntary contributions. It was founded in 1823, and opened for the cure of patients in April, 1824. Through the politeness of Richard Middlemoses, Esq., one of the consulting surgeons, I had the opportunity of examining the Institution. The surgeons are Messrs. Cheshire, Solomon and Townsend. From their report for 1858–9, I find that 224 patients were admitted during the past year. During the year, 165 cases of cataract have been under treatment, of which, 100 have been subjected to operative treatment in the institution, according to the following table:

- Operations for cataract, by extraction, 53.
- “ “ “ “ solution, (including 5 cases of congenital cataract,) 40.
- Opaque capsule removed, 4.
- Operation for artificial pupil, (including 15 cases of Iridectomy, and 5 cases of Iridesis,) 42.
- Excision of the globe, 24.
- Abscission “ “ 1.
- Tumor of the orbit removed, 1.
- Staphylomas removed by operation, 5.
- Medical cases not requiring operation, 54.
- Patients admitted last year, 3,895.
- Since the establishment of the institution, in 1824, 84,543.
- The institution is a very good one, and in a flourishing condition.

Royal London Ophthalmic Hospital.

Clinic of Dr. Dixon.

This hospital is situated in the eastern part of London, having an entrance for out patients on

Bloomfield street, with an exit on London street. There is a large women's-waiting-room; adjoining this, on the basement, is a large consulting room, with four divisions, with desks at each division, and surgeons and assistants at each; behind this, there is a glazed passage, which leads into four ophthalmoscope rooms. On the other side is the museum, library, and curator's department, and on the same ground floor, committee room, House Surgeon, Matron's, yard, &c.

Each patient receives a paper, on which is the diagnosis, day of attack, Surgeon's name and prescription, which is taken to the apothecary.

Interstitial Keratitis.—A young girl, aged —, was presented, who had syphilitic inflammation of the cornea, or interstitial Keratitis Dr. Dixon then introduced Mr. Jonathan Hutchinson, whom, he informed us, had devoted special attention and care to this subject, and who had found the following conditions to hold good in almost all these cases; and as the subject is new and interesting, I will give your readers a synopsis of his conclusions.

“Chronic interstitial keratitis usually commences as a diffuse haziness in the centre of the cornea of one eye. The patient complains of some irritability of the eye, as well as of dim sight. If looked at carefully, the cloudy spots are seen to be in the structure of the cornea itself, and not on either surface. In the course of a few weeks, or it may be more rapidly, the whole cornea, excepting a band near its margin, has become densely opaque. At this stage, the comparison to ground glass is very appropriate, and there is almost always a zone of sclerotic congestion, and more or less intolerance of light, with pain around the orbit. After from one to two months, the other eye is attacked, and goes through the same stages, but rather more rapidly than the first. A period in which the patient is so far blind that there is a bare perception of light, now often follows; after which the eye first affected begins to clear. In the course of a year or eighteen months, a very surprising degree of improvement has probably taken place. In milder cases, or under suitable treatment, the duration may be much less than this, and the restoration to transparency complete; but in many instances, patches of haze remain for years, if not for life. In the worst cases the corneal surface looks slightly granular, and has lost its polish. In certain cases, after the ground glass stage is passed, a yet more severe one ensues, in which the whole structure of the cornea becomes pink or salmon colored from vascularity, and in these, crescentic fringes of vessels are often noticed at its circumference. In the best recoveries the eye usually remains somewhat damaged as to vision, and

often a degree of morbid expansion of the cornea is apparent.”

His reasons for believing that this disease is dependent upon inherited syphilitic taint, are the following:

1. “That in certain instances, patients whom I knew beforehand to be the subjects of inherited disease, have, whilst under my observation, been attacked by it.

2. That in a large number of other cases, I obtained from the parents of the patient a free confession as regards themselves, and a distinct history of specific symptoms in the child during infancy.

3. That in almost all cases the subjects of it present a *very peculiar physiognomy*, of which a coarse, flabby skin, pits and scars on the face and forehead, cicatrices of old fissures at the angles of the mouth, a sunken bridge to the nose, and a set of permanent teeth, peculiar for their smallness, bad color and *vertical notched edges*, are the most striking.

4. That in many cases, one or more of the following suspicious forms of disease have either been coincident with it, or have occurred previously: ulcerative lupus, nodes on the bones, psoriasis on the face, otorrhœa, chronic enlargement and subsequent atrophy of the tonsils, ulcers in the throat, a thickened condition of the parts of the tongue, and chronic engorgements of the lymphatic glands.

5. That the effect of specific treatment in mitigating the severity of these inflammations, and in shortening their duration, is often very marked, while mere tonic and dietetic plans are of no avail.

6. That it is often either accompanied, or preceded by iritis.”

Mr. Dixon stated that Mr. Hutchinson was a most pains-taking and careful observer, and during my attendance upon Mr. Dixon's clinic, I saw numerous instances confirmatory of the statement.

Another case was that of a man who had *obstruction of the lachrymal duct*. He had worn a style for 8 or 9 years. Again inflammation had set up, to remove which and be able to introduce a dilating tube, Mr. Dixon slit up the puncta on a small grooved director, and divided it with an Adams' Iris knife. This operation is now often resorted to at this hospital, and with very good results. It was introduced by Mr. Bowman in 1851, who states that subsequent experience has confirmed the confidence he then expressed in its merits. This operation has become an established practice, so that in 1855 it was performed some 91 times. It will surprise some of my readers when I state that Mr. Bowman found that the canaliculi were naturally capacious enough to admit a probe of one-twentieth of an inch in diameter, and that not unfrequently strictures existed in the canaliculi, usually about the middle, and sometimes close to the sac, so that he had a

series of probes constructed, reaching from a fine hair probe (No. 1) to 1-20th of an inch in diameter, (No 6.) For convenience he has three probes, the six ends of which give the sizes required, and the larger of which are so bent as to facilitate their passage through the nasal duct. Dr. Dixon performed the operation and then passed a full sized probe, (No. 6.)

Ophthalmoscopic Examinations.—A countryman, aged about forty, dilated pupil, no perception of light, attacked suddenly, no cause. Directed to place in the eye a few drops of solution of the sulphate of atropia, 2 grs. to the f $\frac{3}{4}$ j. Ophthalmoscope employed in the small mirror, with a glass double convex lens, 2 $\frac{1}{2}$ inch focus. The retina was found to be covered with patches of extravasated blood.

Another case was a sailor, aged about 38, who had been in the Crimea. To look at his eyes there was nothing to indicate disease. The iris acted well, and yet he had but a faint perception of light in one eye. The other was somewhat better, so that he could guide himself, but he had not sufficient vision to fit him for her Majesty's service. On examination by the ophthalmoscope, Mr. Dixon found the whole surface of the retina covered with black patches, and occasionally white patches were seen, as if all the retina had been removed by disease. This was one of the cases which demonstrated the utility of the ophthalmoscope, as it was the result of syphilitic poison on the retina, and not on the iris.

On putting the question to Mr. D. as to whether he had ever seen injury to result from the use of the ophthalmoscope, he stated the following case of

Apoplexy of the Retina.—Mrs. A., a lady of wealth, was suddenly attacked with blindness of the left eye. As there was no apparent cause in the external tissues of the eye, I examined her eye with the ophthalmoscope, and found that there was a clot of blood upon the retina, the result of apoplexy of the retina. She was placed upon a careful diet and kept very quiet. In the course of two weeks vision gradually improved, and I again made a careful examination, and found that the clot of blood had almost disappeared. A day or two afterward the lady returned, and told me that ever since the examination she had suffered pain, and her vision was much worse. He then made a third examination, and found that a fresh effusion of blood had taken place, which he believed was the result of the examination. He therefore resolved not to examine the eye again until it was almost well, which course he pursued, and she ultimately recovered. A year or two afterwards, having to pass the house in which this lady resided, he found it closed, and upon inquiry found that the lady had died suddenly from an attack of apoplexy, showing that the apoplexy of the retina

was the forerunner of the more serious disease which caused her death.

JULY 19TH.

Clinic of Mr. George Critchett.

I cannot enumerate all the interesting cases which came up in so large a clinic as that of Moorefield's. The first which I considered of interest was a case of *epiphora*, or obstructed puncta lachrymalia, which had been much improved by slitting up the puncta and introducing a probe through the canal into the nose.

Strumous Ophthalmia.—The treatment which Mr. Critchett pursues in these cases, is to set up some form of counter irritation, avoiding irritating applications to the eye, which he considers have a tendency to keep up the disease. In the case of a young girl who had suffered for months with this form of disease of the eye, he directed the house surgeon to introduce a seton in each temple, being careful to avoid the temporal artery or its branches; to bathe the eye with tepid water; to administer 5 drops of Fowler's solution of the arsenite of potassa three times a day; her food to be plain and simple, without sweetmeats of any kind.

Pannus.—The next case worthy of notice was one of *vascular cornea*, or pannus. Mr. Critchett directed that gonorrhoeal matter should be introduced under the eyelid. This treatment, he stated, has been found very successful. It would be considered very hazardous treatment in the United States.

JULY 21ST.

University College Hospital.

Service of Mr. Wharton Jones.

There were numerous cases of ordinary diseases of the eye, but I will only give you a few notes of what I consider new. In his treatment of that most troublesome of all forms of ophthalmic disease, namely, *Granular Conjunctivitis*, he scarifies the lids very freely, and as far back as the sinus, with a round-pointed lancet. After free scarifications he applies under the lid the ung. sulphuris of the Pharmacopoeia, which has been weakened by the addition of oil. This he considers a most successful application, though the patient suffered intense pain from it. I saw numerous cases in which Mr. Jones used this ointment.

In *Ophthalmia Neonatorum*, Mr. Jones scarifies the lids freely, and applies the ung. hydr. precipi. gr. lx to the f $\frac{3}{4}$ j of oil, and uses a mild wash of the bi-chloride of mercury.

Cataract.—Extraction is *par excellence*, the operation performed in all the hospitals in London. In

the adult the needle operation is occasionally performed, where the cataract is liquid or very soft. In congenital cases in children and young persons, the needle operation is employed. July 19th, I saw Mr. Critchett perform this operation on a boy, aged six, with double congenital cataract. The patient was placed under the influence of chloroform, and the needle was introduced at the outer edge of the cornea near to the sclerotica. As far as I could learn all the surgeons in London operate through the cornea, with a single exception, namely Mr. Hancock. They prefer it on account of not wounding any other tissue than the cornea and lens. In operations through the sclerotica, as practiced in the United States, there is a great liability to internal inflammation consequent on passing through so many tissues. At Moorfields I witnessed two cases where extraction had been followed by closed pupil, and one case under Mr. France at Guy's. These cases were stated to depend on want of care on the part of the patient. I also saw Mr. Streatfield operate at Moorfields with success by extraction. Also two successful cases, one by Mr. Dixon and one by Mr. Critchett, were shown to me. While at Guy's, Mr. France exhibited three beautiful cases which had been operated upon one week before.

Artificial Pupil.—At Moorfields I saw Mr. Critchett operate upon one of the cases of closed pupil by opening the cornea, passing in a small hook, withdrawing a portion of the iris, and snipping it off. Also using the canula forceps and scoop. He informed me that his favorite operation was *Iridesis*, or the operation of tying the iris. He stated that it is performed in the following manner: The patient if at all restless, being placed under the influence of chloroform, the wire speculum is inserted, and with a pair of forceps, a small fold of the conjunctiva close to the cornea is held so as to fix the eye. An opening is then made with a broad needle through the margin of the cornea, close to the sclerotica, and just of sufficient size to admit the canula forceps: with it a small portion of the iris near, but not close to its ciliary attachment, is seized and drawn out to the extent considered necessary to enlarge the pupil. A piece of fine floss silk, previously tied in a small loop round the canula forceps, is slipped down and carefully tightened around the portion of the iris made to prolapse, so as to inclose and strangulate it. This manœuvre requires a little practice and dexterity, and is best accomplished by holding each end of the silk with a pair of small forceps, with broad extremities, bringing them exactly to the place where the knot is to be tied, and then drawing it moderately tight. A single tie is sufficient. The ends are then cut off, and the operation is complete. Little or no irritation usually follows. The small portion of iris in-

cluded in the ligature, speedily shrinks, leaving the little loop of silk, which may be removed from the eye about the second day. This operation has been performed by Mr. Critchett, Mr. Bowman and Mr. Poland, and the results have been very satisfactory; the size, form and direction of the pupil can thus be regulated.

Glaucoma, (Græfe's Method.)—Fifty-three cases of glaucoma, generally chronic, have been operated on by Græfe's method of excision of a part of the iris. In the acute cases the operation was followed by decided benefit, but in the chronic cases vision was not much improved.

According to Græfe, in this operation, not more than one-sixth of the iris should be removed, and the incision should not be in the cornea itself, but one millimetre behind it in the sclerotica, and no portion of the iris should be left in the wound.

Strabismus.—Mr. Critchett showed me a beautiful case of double divergent strabismus, in which he had operated on both eyes at one sitting, in which both were perfectly straight. Nothing remained except a prominent line to mark where the external recti had been cut.

I witnessed Mr. Streatfield perform the operation upon a case of internal strabismus, but he did not operate by the sub-conjunctival method, but made an opening over the internal recti muscles, sweeping his hook under the ocular fascia, and raising the muscles on it and dividing them. The operation was successful in the eye operated on. In a case I saw at Guy's, operated upon by Mr. France, he had made a small opening, then divided the tendon and united the edges of the wound carefully by silk ligature. The case did exceedingly well.

Excision of the Globe of the Eye.—This operation is evidently gaining favor as a means of getting rid of sympathetic inflammation of the opposite eye, when vision of the eye excised has been entirely lost, or when there is but very slight vision and an irritable condition remains. In twenty-eight cases, according to Dr. Bader, the eye has been excised for injuries. Also in cases of acute inflammation of the globe. It had been perforated by a chip of steel or some other cause in six cases. In one case the lens had been broken to pieces. In six cases in which eyes were considerably shrunken, "stumps" have been excised. In another case, the repeated attacks of pain appeared to be due to a neuroma of one of the ciliary nerves.

Excision of the eye has been performed in sixteen cases for staphyloma.

In six cases the staphylomata were concomitant with other pathological changes in the globe, etc.

The instruments employed are a wire speculum, a

strabismus hook and scissors, a curved pair of scissors and forceps only. The whole operation is much more simple than one would suppose. Ice cold water is frequently employed to check the bleeding by running a stream into the cavity, and over the conjunctiva as long as the blood oozes out, or from five to fifteen minutes. Mr. Bowman and Mr. Critchett sometimes close the conjunctival aperture by a thread, which is several times passed in and out and round the margin of the aperture, and drawn together, when all the bleeding has ceased. The thread is generally removed on the third day.

The method of operating is as follows: The patient is placed under the influence of chloroform, the conjunctiva and ocular fascia are divided, then the muscles are raised upon a strabismus hook, first dividing the superior recti, internal and external, passing back the scissors, and dividing the optic nerve; the cellular tissue and internal oblique are divided, and the whole eye is then removed without much injury to it, so that it can be preserved or dissected. If the vitreous humor is transparent, it can be preserved as a pathological specimen, in glycerin. If syphilitic inflammation has injured the eye, then the proper agent is alcohol. In any other case, the best agent is naphtha and water.

For preservation so as to examine it by the microscope, it is best prepared in a solution of chromic acid, one part to twenty of water; or to see the vessels of the choroid, etc., remove the vitreous, and dry it upon a glass mask, like an artificial eye, but have an opening where the cornea should be.

Pathological Collections, &c.—The form in which Dr. Bader has put up the pathological collection at Moorfields, is in a glass, like a knob of a door, fixed in a wooden stand, in alcohol and water, naphtha and water, and pure glycerin, avoiding the admission of air by having carefully ground covers, united with a cement of gold size varnish and asphaltum, equal parts. This will answer for diluted alcohol or naphtha and water.

As yet no good cement has been found that will prevent the glycerin from flowing out; the best plan would be to have an enamel or unite the edges of the glass by the use of the blow pipe. The collection at the Royal London Ophthalmic Hospital is beautiful, and can be examined and studied with great satisfaction. I examined with much satisfaction a series of drawings by Mr. Schweizer, of internal diseases of the eye, as seen by the ophthalmoscope, collected, with the history of the respective cases, at the Royal Ophthalmic Hospital, and it is conceded that they are the most perfect, as giving the true natural and exact representation of the object. They are well worthy the careful examination and study of every ophthalmic surgeon. I witnessed Mr. Schweizer making a drawing of an

interesting case, and confirmed it by the ophthalmoscope. I also had the pleasure of examining a section of a healthy retina under the microscope. He is one of the most accomplished and most careful microscopists, and is always willing to communicate his knowledge to practitioners and students. Indeed I know of no school where the student can receive more valuable instruction on diseases of the eye, than at the Royal Ophthalmic Hospital. It certainly holds the first rank in London.

Medical Societies.

ESSEX COUNTY (N. J.) MEDICAL UNION.

A meeting of the Essex Medical Union was held on Monday evening, August 8th, 1859, at the residence of Dr. W. Pierson, Jr., Orange, Dr. BRUMLEY in the chair.

Dr. BROWN related two cases of *Empyema* following pleurisy, in one of which the operation by incision was followed by recovery. The other opened spontaneously, and is still under treatment.

Dr. AKERS related two cases, in which the discharge continued a long time, and the patients sank exhausted.

A discussion as to the propriety and proper method of operating, ensued, in which Drs. Pennington, Pierson and L. A. Smith participated.

Dr. W. PIERSON, JR., presented a specimen of a *Fracture of several of the Dorsal Vertebrae*, causing paralysis of the lower extremities, and death in nine months. Though the bodies of the vertebrae were somewhat absorbed, union had taken place to a considerable extent in the processes. He also exhibited a *Tenia Solium*, passed after the use of *Pumpkin seeds*.

Dr. WICKS also exhibited one, produced under the administration of the same remedy, with oil of turpentine.

Dr. W. PIERSON related a case of *Hydrophobia*, which terminated last evening. The patient received a bite from a dog, some two or three months ago, and was taken with slight pain on Tuesday evening. On Thursday shivering occurred on being fanned, or attempting to drink; great prostration followed, and death closed the scene last evening.

Dr. AKERS mentioned instances of several persons and animals bitten by a mad dog, in which *Scutellaria* was freely used as a preventative. No hydrophobia followed.

Dr. DOUGHERTY presented a preparation of the *Posterior Tibial Nerve*, taken from the subject of a fatal attack of tetanus, caused by stepping on a nail,

which passed very near the nerve, and caused a slight redness in it. Death was preceded by violent spasms, particularly of the intercostal muscles. Tincture of aconite was largely used, without effect.

A general discussion followed, on the treatment of hydrophobia and tetanus.

DR. WHITTINGHAM gave the history of two cases of the latter disease, in which the paroxysms were suspended by the use of chloroform, but both proved fatal.

DR. W. PIERSON, JR., mentioned a case in which recovery took place under its use.

The treatment by tobacco was also alluded to favorably.

DR. DOUGHERTY noticed an operation he had performed for *ovarian dropsy*, in which the trocar and canula were passed through the linea alba, and both ovaries opened in turn without withdrawing the canula. Also, a case of injury by falling on a fence pale, which entered between the ninth and tenth ribs, passing between the walls of the pleura, causing hydrothorax.

DR. BROWN mentioned a case of impalement of a child, by a rough pale passing seven inches into the anus. The child recovered, with partial loss of the sphincter.

DR. EYRICH mentioned a case of fatal injury from a kick, wounding the urethra.

DR. CORWIN related a recent case of sporadic cholera, treated successfully with ginger; benzoic acid and salt.

W. MORTIMER BROWN, *Secretary*.

Editorial.

THE AGE OF THE PICK-AXE!

Never, perhaps, in the history of the world have so many persons been engaged in explorations beneath the surface of the earth as now. The pick-axe has gained a remarkable ascendancy over almost every other industrial implement. In California, British Columbia, Western Kansas, in almost every part indeed, of North America, in Australia, and more recently amid the ashes of the dead in Central America, it is searching for gold,—in Arizona and Mexico for silver, in the Lake Superior and other regions of our country for copper, and other valuable metals, and ever and anon for hidden treasure. In Europe old mines are being explored for a metal (tungstee,) which, formerly regarded as worthless and rejected,

has recently been found to possess valuable properties. In Europe, in Asia, in Africa and in our own country there is a delving going on among ancient ruins which promises to elicit something for science.

Men are too, ever and anon blundering on discoveries of vast caves in the earth, many of which seem to have been places of resort for human beings in past ages. Some years ago, in exploring a cave some hundreds of miles west of the Mississippi, we discovered some relics, evidently of very ancient origin, and it is possible that other caves may be found to contain relics that may throw light on the history of the ancient inhabitants of our land. Caves should be visited by scientific men with this object in view. On Raccoon mountain, in the northern part of Alabama, in a bend of Little river, there is a cave in the side of a precipice, where it is evident that an army was once besieged. The ruins of stone fortifications still exist in the bend of the river opposite to the mouth of the cave. And that whole region of country contains the relics of fortifications which are worthy of critical exploration.

But the most remarkable developments made by the pick-axe is in the discoveries of golden images and plates containing inscriptions in the huacas, or ancient burial places of the Chiriqui country in Central America. Here would appear to be a clue to the history of the ancient inhabitants of the central regions of America, the monuments of whose rude civilization are so often met with. As yet, we can form no opinion as to the length of time that has elapsed since that remarkable people flourished in Central America. But we know that soon after this continent was discovered, the Spaniards obtained immense treasures by robbing graves of the gold that had been deposited in them. One writer from the region of country where these discoveries of gold are made, says that no bones are found in the graves, but traces of human hair in some of them. No figures of horses, dogs, cows or any European animal have been discovered. Figures of a species of wolf are among the representations that have been

found modeled in clay. Many earthen vases have been found with painted letters upon them similar to those of the Chinese, and our authority says that he saw one figure of the human head with the "almond eyes" of the Chinese. Some plates of gold were seen by the same writer with a figure or letters like a Chinese character.

Another writer says that all the golden images, pots, jars, corn-mills, &c., taken from these huacas are evidently of Asiatic origin. It is very likely then that a scientific investigation of the contents of these graves may reveal the history of the ancient inhabitants of this country of whom we have on the surface of the ground just relics enough to make us wish to know more of their origin. It is earnestly to be hoped that the opportunity to investigate this exceedingly interesting subject will not be allowed to pass by. We have little conception of the revelations of the past destined to be made by the pick-axe and shovel. May the men of science improve their opportunities during this, **THE AGE OF THE PICK-AXE.**

THE FAIRMOUNT PARK.

We have before adverted to the fact that our city authorities, with a commendable spirit of enterprise and regard for the health of the inhabitants of this city, have secured a fine estate lying on the Schuylkill, just above Fairmount Water Works, which they are engaged in converting into a park. We then urged the importance of securing the ground bordering the Schuylkill on the opposite side, and thus have the park occupy both sides of the river. We are happy to learn that this has recently been done, and that the city has thus not only secured the ground for what we have no doubt will ere long be the most beautiful park in the world, because so advantageously located, but have prevented the erection of factories on the river, and in so far insured the purity of the stream that supplies the city with water.

But much more remains to be done—and *now is the time to do it.* Our city should secure as much land as possible on both sides of

the Schuylkill, for miles up, if it can be done, for the purpose of preventing the erection of any more factories on that stream than already exist. This is a matter of no small importance to the future health of our city. The source from whence so large a population derives its supply of water, should be kept as pure as possible; and it will be much *cheaper* for the city to secure these lands now, and prevent the necessity, after awhile, of bringing water from a great distance, by means of an aqueduct, at an expenditure of millions of dollars. We trust that the medical profession will agitate this matter, and use their influence to maintain the purity of our supply of water.

THE DRINKING HYDRANTS.

What has become of our public drinking hydrants? If our memory serves us, Councils appropriated money for the erection of a number of drinking hydrants throughout the city, but, as yet we have seen or heard of only one, that at the corner of Eighth and Chestnut streets, and the cup attached to that has been broken off. New York, and the English cities have taken the lead of us in this matter. Let us have the public drinking hydrants, and let us have them soon!

Periscope.

The influence of Vaccination on the increase of Population.—A fact worthy of remark, and a very curious one, is the prodigious increase in population since the commencement of the present century. The following figures show a most remarkable disproportion between each other:

	Inhabitants.
In 1700 France contained,	- 19,669,520
In 1762 France contained,	- 21,769,163
In 1804 France contained,	- 27,349,003

And at the present day the number of the inhabitants of that country exceeds 36,000,000. The great increase seems owing to the introduction of vaccination, which, by lessening the chances of death, has exercised by that means an indirect action on the number of births. As regards the mean duration of life in France, vaccination has certainly had a tendency to

prolong it; for, before the great revolution, the mean duration was only $28\frac{1}{2}$ years, whereas now it is $31\frac{1}{2}$ years.

We have no doubt but much of this increase of population is to be attributed as above, to vaccination. But is it not partially, at least, attributable to the fact that wars have been much less prevalent since the beginning of the present century? Men have cultivated the arts of peace, and nothing is more conducive to increase of population, both by favoring marriages and conception than peace and prosperity.

Regeneration of Vaccine Virus.—We are glad to make a note of some experiments made by Dr. Friedinger, of Vienna, to ascertain the effects produced upon vaccine virus by transmission through the cow.

The observations of Ceeley of England, of Martin of Massachusetts, and of Theile of Russia, who inoculated the cow with variolous matter, leave no doubt in regard to the violence of the subsequent disease, and of the terrible power of the resulting virus; but the same positiveness does not exist in regard to our knowledge of the effects of the transmission of vaccine matter. It has been stated that the disease produced in the cow by vaccination with ordinary vaccine matter, from the human subject, is of the same mild character as in man, and that the virus is unchanged. Experiments made in Bavaria, by direction of the government, seemed to prove that the matter is rendered more powerful by passing through the cow.

To settle this vexed question, Dr. F. introduced vaccine matter into the cow, and tested the lymph of the vesicle by the vaccination of several children. The conclusion arrived at is: that vaccine virus does not become more powerful by transmission through the cow, but, on the contrary, loses much of its efficacy.

Syphilization.—To whom is due the credit of discovering that frequent inoculation of syphilitic virus serves as a prophylaxis against syphilis, is involved in considerable doubt.

Turenne was the first to draw attention to the fact, that the oftener a patient is subjected to this inoculation, the less liable he is to the contracting of a chancre. R. de Welz, Diday, and finally Sperino, carried the experiments farther, until the latter formally announced the invariable prophylactic effect of frequent inoculation. The greatest credit, however, is due to Prof. Dr. Boek, of Sweden, who, by his extended observations and numerous experi-

ments, has given the most satisfactory information upon the subject.

The rule to be observed in carrying out this *similia similibus* plan of treatment for syphilis seems to be, the subjecting of the patient to the successive inoculation of syphilitic virus, until a venereal sore is no longer produced. Some idea of the frequency of inoculation necessary to answer the indication, may be inferred from the fact, that Prof. Heber reports a case of secondary syphilis as being completely cured, after having had the virus inserted 168 times.

The effect of War on Marriage.—It is an established fact that the number of marriages in the time of peace is greater than in time of war; and even when the chances of war are imminent the number of marriages are found to diminish. In 1823, 40,000 marriages were solemnized in France, more than in the five years of the occupation of that country by allied forces. In Russia, notwithstanding the indifference of the population to political affairs, there were in 1812 from 70,000 to 80,000 marriages less than in the years preceding.

The Sweating Sickness.—Dr. Hecker gives, in his "Epidemics of the Middle Ages," the following account of the effect of the panic produced by the invasion of the "sweating sickness" in Germany in the year 1529:

"The English sweating sickness was the subject of discourse every where, and if any one happened to be taken ill of fever, no matter of what kind, it was immediately converted into this demon, whose spectre form continually haunted the oppressed spirit. At the same time the unfortunate delusion existed, that whoever wished to escape death, when seized with the English pestilence, *must perspire for twenty-four hours without intermission.* So they put the patients, whether they had the sweating sickness or not, instantly into bed, covered them with feather beds and furs, and whilst the stove was heated to its utmost, closed the doors and windows with the greatest care to prevent all access of cool air. In order, moreover, to prevent the sufferer, should he be somewhat impatient, from throwing off his hot load, some persons in health likewise lay upon him, and thus oppressed him to such a degree, that he could neither stir hand nor foot, and finally, in this rehearsal of hell, being bathed in an agonizing sweat, gave up the ghost, when, perhaps, if his too officious relatives had manifested a little discretion, he might have been saved without difficulty."

Revival in the use of the Trephine.—The hospital report of the *Med. Times and Gaz.* says: "One of the points to which much attention has recently been directed, is the class of cases in which the operation of trephining ought to be performed. The general feeling some few years was generally opposed to the free use of this instrument, which prevailed among the older surgeons. Now, a reaction has taken place, and it is again much more used than it was ten years ago. Foremost among the surgeons who have urged the propriety of more frequent employment of it, is Mr. Ellis Jones, of the Liverpool Northern Hospital. He holds that *symptoms* ought not to be waited for, but that when the skull is fastened and bone depressed it is the surgeon's duty at once to operate. That this revived rule of the older surgeons is acknowledged by those at present holding appointments in the London hospitals, several cases recorded in in these reports during the last few years, abundantly prove."

The Early Study of Osteology.—Cheselden says in his *Osteographia*: "The frontispiece represents Galen contemplating the skeleton of a robber, who, being killed by a traveller, had his bones picked in two days by vultures. This opportunity he mentions as a piece of good fortune, though he had seen another skeleton which was accidentally washed out of a burying place by the overflowing of a river, besides one which was shown in a public school at Alexandria, which he thought was worth the trouble of any one to go on purpose to study."

The Strike of the London Workmen engaged in building, in favor of the nine hour system, receives much general sympathy. The *Med. Times and Gaz.* says: "Nine hours of unceasing bodily labor of a fatiguing nature appear to be as much as the human frame ought to be called upon to endure. This side of the question has not been touched upon by any of the masters. Every one feels that there is something defective in calculations which take no account of a man except as a mere piece of mechanism. If it can be shown that the human frame cannot, without marked detriment to life, be made to endure more than a given amount of labor, and that more than nine hours labor materially shortens human existence, then we say that the mechanic has a great show of reason in this matter. We ought also to remember what has been stated by the laborer, that in addition to these hours

of actual work, he is, as a rule, compelled to walk an hour's journey to the place of his labor."

Influence of Climate on Births.—An infinity of causes may influence the number of births, but one of the principal, no doubt, exists in the state of the climate. It may be remarked that the nearer we approach the equator the greater the fecundity of women. The following table shows the result of observations made with regard to the number of children for each 1,000 families in the different States of Europe:

	Children.
In the Kingdom of the Two Sicilies,	5,546
In Venice, - - - - -	5,454
In the Kingdom of Wurtemberg, -	5,543
In the Kingdom of Bohemia, -	5,236
In the Kingdom of Portugal, -	5,184
In the Milanese, - - - - -	5,007
In the Grand Duchy of Hesse, -	4,815
In Austria, - - - - -	4,725
In Holland, - - - - -	4,670
In the Grand Duchy of Mecklenberg,	4,839
In the Kingdom of Prussia, -	4,570
In Russia, - - - - -	4,537
In France, - - - - -	4,148
In Hanover, - - - - -	4,121
In Sweden, - - - - -	4,112
In Norway, - - - - -	3,965
In Holstein, - - - - -	3,739
In Denmark, - - - - -	3,593
In the Britannic Isles, - - -	3,065

From the above table it is a manifest that there is a decrease in fecundity as we advance towards the north. The difference is especially striking between Naples and Great Britain, which are at the two extremities of the scale. The results here shown, it will be seen, appertain only to the European States; but the difference will be found even more striking between countries more opposed in climate. Thus in Greenland, according to the accounts of travelers, 1,000 families scarcely comprise 2,000 children; whilst in Brazil, 1,000 families include about 4,400 children; and we may easily imagine with what rapidity populations would be doubled in hot climates if the terrible epidemics peculiar to them were not so frequently decimating them.

It is calculated that in all Europe the male population would, judging from the births, surpass the female by 4,000,000, if this excess was not daily counteracted by the numerous accidents to which the males are exposed, and which so materially diminish their number.

Medical News.

The new Medical Board of the Philadelphia Hospital has assumed the control of the institution. Rules for its government in accordance with the present arrangement have been adopted which will enable its affairs to be conducted in the orderly and systematic manner, so essential to the harmony and efficiency of a large hospital. The general organization is similar to that of the Pennsylvania Hospital, and most of the other prominent institutions of the kind in this country.

Dr. S. D. Gross has been elected President of the Medical Board.

The Philadelphia Hospital is the largest hospital on this continent, presenting an unequalled variety of disease, and has no superior in its opportunities for clinical study.

The Medical College of Alabama, at Mobile, has been organized with the following Faculty:

J. C. Nott, M. D., Professor of Surgery; J. F. Heustis, M. D., Professor of Anatomy; Wm. H. Anderson, M. D., Professor of Physiology and Pathology, and Dean of the Faculty; George A. Ketchum, M. D., Professor of Principles and Practice of Medicine; F. A. Ross, M. D., Professor of Materia Medica and Therapeutics; F. E. Gordon, M. D., Professor of Obstetrics and Diseases of Women and Children; W. J. Taylor, of Philadelphia, Professor of Chemistry; Goronwy Owen, M. D., Demonstrator of Anatomy.

The regular course of lectures will commence on the 14th of November next, and continue four months. The names of some of the faculty are familiar to our readers, and are a guaranty of the success of the enterprise.

Wyandotte Cave.—Among the many recent discoveries of extensive caves, there is none that equals in extent or interest the Wyandotte Cave in southern Indiana. Dr. D. L. Talbot makes the following comparison between the Wyandotte and the Mammoth Caves: "Wyandotte Cave, one of the most extensive and remarkable in the world, is situated in Crawford county, Indiana, about twenty five miles below New Albany, on Blue River. I have called it a remarkable cave. The Mammoth Cave of Kentucky has hitherto been designated as the greatest known cave in the world. It may startle your scientific readers to hear me assert the fact, there is one

stalagmite alone in Wyandotte Cave more massive than all the stalagmites and stalactites in Mammoth Cave put together.

This cave I have surveyed and mapped a distance of twenty miles in length, and there are numerous avenues. I have never penetrated to their end, although I have visited the cave, for scientific and other purposes, over a dozen different times—spending on one visit four days and nights within its darksome halls. The Mammoth Cave is distinguished more for its vastness than its beauty; the Wyandotte for its great extent, its mammoth hall, its lofty ceilings, reaching frequently to the height of 267 feet, and especially for its numerous and beautiful natural fountains, which almost continually meet the eye in every direction. A portion of this cave has been known and visited for over forty years.

This portion is about three miles in length, and is termed the Old Cave. In 1850 a new door from within the Old Cave was discovered, which extended the caves united to about twelve miles in extent. In 1853 a still newer discovery of ingress was accidentally made, which has added eight or ten miles thereto, and disclosed a plan of formation more extensive and more beautiful than any heretofore known. This cave contains every kind of formation peculiar to the Mammoth and other caves, besides some very peculiar and unique formations found only in Wyandotte Cave.

Dr. William Hauser, formerly of Spiers' Turnout, Georgia, has been appointed Professor of Physiology and Pathology, in the Oglethorpe Medical College, at Savannah, in that State.

Surgeon C. McDougal, heretofore detailed for duty at the Military Academy, having been authorized to delay reporting at West Point until March 1, 1860, Surgeon S. P. Moore will continue on duty until that date.

The Sanitary Condition of Watering Places.—The *London Lancet* of August 13th, cautions those who expected to leave London to spend the mid-summer months at the various watering places, lest they find death where they seek health. It says—"You leave a healthy town for others, exposed to diseases, endemic and epidemic. Few European watering places are so salubrious as those of England; few English watering so healthy as London. * * English watering places are not always very high in the

sanitary scale. The mortality in many is above 20 in 1,000; Bangor stood at 24, Aberystwyth at 24, and Whitby at 26, during the last three months; Weymouth at 20, Clifton at 20, Cheltenham at 19, and Scarborough at 23. Ever and anon they are attacked with epidemics—diarrhœa, diphtheria, scarlatina, and the like. This is due to defective sanitary arrangements. * * Their mortality should not range higher than 17 in 1,000.”

To those unacquainted with the very perfect sanitary arrangements of London, this statement will appear startling. So defective are the sanitary regulations of our own cities that a comparison between their mortality and that of our watering places would be largely in favor of the latter. Indeed, we incline to the opinion that could they be obtained, the bills of mortality of American watering places would exhibit better rates than those quoted above. But it must be acknowledged to our shame that we have no registry law that would reach them.

A correspondent at St. John, N. B., writes us that section 22 of the recently passed medical bill of that Province, has had the effect to induce quacks, who passed for regular physicians, to take down their signs of “Dr.” and replace them with “Mr.,” thus drawing a line of distinction between regular physicians and pretenders. He says further—“Our Register has objected to register a Homœopathic diploma, and the case is taken to court. One Homœopathist has registered on a New York (regular) diploma. We have but *two* in New Brunswick.”

An inhabitant of Breslau, in Germany, says the *London Lancet*, wishing to impart energy to the unproductive bulbs of his unprotected scalp, gave an advertiser of Dusseldorf £1 12s. for a wonder-working ointment; but finding it useless, brought an action against the quack, who was obliged to give back the money and pay £2 5s. fine, or undergo five days' imprisonment. The valuable compound was alleged to have been made up from a prescription found in an Egyptian mummy, and was proved to be a combination of extract of bark, oil, resin, and tincture of Spanish flies!

A colossal statue of Hugh Miller, the geologist, is to be erected in his native place, Cromarty, Scotland.

A Dr. Lutze, in Germany, has been in the

habit of making children swallow vaccine virus, and then delivering vaccination certificates! He has been warned by the authorities that if he persisted he would be charged with giving false certificates.

More than two thousand limbs of wounded soldiers have been recently amputated in Italy.

TO CORRESPONDENTS.—*Communications seeking information or advice, must be accompanied by a responsible name.*

Dr. F., South Carolina.—For an excellent report on the formation of County Medical Societies, with a plan of organization, see Transactions of the American Medical Association, vol. 9, for 1856, p. 395. If your State Society makes no provision for the formation of District Societies, the practitioners of your neighborhood, or as many of them as will be necessary, should meet in your district, town or other large place, and voluntarily organize yourselves into a society. It would soon be joined by the respectable physicians of the District. The plan of organization recommended by the American Medical Association is a good one, and has the advantage of giving a uniform plan for the whole country.

Dr. F., Maryland.—The Medical Society of your State is known by the name of *The Medical and Chirurgical Faculty of Maryland*. It was incorporated in 1799—“still lives” and publishes annually a very respectable volume of Transactions. We have before us those of 1854, 1856, 1857 and 1858. It possesses, what we believe no other State Medical Society possesses, and what all ought to possess, a *valuable library*, which is located in Baltimore. The Society has not taken pains to diffuse its light, for we do not remember ever to have seen a copy of its Transactions noticed in any of our medical journals, or acknowledged by any of our State Societies. This is wrong. But there is another wrong. Your counties do not form societies and send delegates to the Medical and Chirurgical Faculty as they ought. The only counties in Maryland that have been represented in the American Medical Association, so far as we can find are Dorchester, Talbot and Frederick.

Dr. F., Florida.—We have used some of Tilden & Co.'s preparations, and have known others to use them, and always with quite as much satisfaction as ordinarily attends the use of drugs. We would not advertise his medicines if we did not think them reliable.

PROSPECTUS OF VOLUME THIRD.

In announcing the commencement of the Third Volume of the **MEDICAL AND SURGICAL REPORTER**, in its Weekly Form, the Proprietors embrace the opportunity of returning their thanks to the Profession for the very liberal support they have given it. And they desire in an especial manner to acknowledge their indebtedness to their brethren in this city for the encouragement they have received at their hands. The eminent success which has so speedily crowned the attempt to establish a Weekly Medical Journal in the emporium of medical teaching and literature in this country, has fully vindicated our judgment in inaugurating the enterprise. Weekly publications conducted on the plan we have adopted—which have been so long popular in Europe—may be now considered as firmly engrafted for the first time on the medical literature of our country. The advantages of a weekly medical literature are so evident that we shall be content with a mere reference to them.

As an evidence of the favor with which the **REPORTER** has been received by the profession of the country and of its adaptation to meet the wants of the general practitioner, we would mention that we find, on reference to our books, that already there is not a State in the Union that does not furnish us with actual subscribers. New York gives us subscribers in eighteen counties; New Jersey gives us her almost undivided support; Pennsylvania gives us subscribers in thirty-seven counties, Virginia in sixteen, North Carolina in ten, Georgia in twenty-four, Alabama in ten, Kentucky in nine, Iowa in seven, Illinois in thirteen, Ohio in twelve, etc., etc. We mention these States as representing every section of the Union. In some towns, containing from three to half a dozen physicians, all of them are subscribers to the **REPORTER**.

The following is the plan of the work:

1. Original Lectures on Special Departments of Medicine and Surgery.
2. Original Communications.
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and schools of this and other cities.
4. Reports of papers read, and discussions had before Medical Societies.
5. Editorial Department, comprising—
A Weekly Domestic and Foreign Periscope.
Brief Reviews and Notices of Books.
Editorial Articles,
Correspondence,
Medical News.

The Communications which have been in course of publication since the commencement of the second volume

ON ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY,

will be continued, and will be found to increase in interest as they progress. They will be fully illustrated, and when those portions of the body are treated of that are the most liable to injury, they will be found to afford to the physician practical information that he will seek for in vain in the books. These articles, when completed, will make a most thorough work on Anatomy, and divest the subject of what have been regarded as its uninteresting features.

The Reports of *Hardy's Lectures on Diseases of the Skin*, which have been interfered with by the illness of Dr. Bolling, will be resumed soon. The Clinical Department, under the head of

ILLUSTRATIONS OF HOSPITAL PRACTICE,

will be sustained with vigor, and shall not be surpassed by any similar reports in this country. The reports of the clinical lectures will be taken down by a competent reporter, and then be submitted to the revision of the lecturers; and thus this department will be a true exponent of the teaching and practice of the most distinguished teachers of medicine in our country.

We shall give correct reports of the most important *Debates before our Medical Associations*, which will be found to convey much practical information in a very interesting and pleasant style.

The *Editorial Department* will receive special attention. Under it we shall discuss matters of general interest to the profession, publish home and foreign correspondence, and give a full weekly summary of **MEDICAL NEWS**. We shall also give increased attention and space to the

PERISCOPE DEPARTMENT

of the work, under which we shall give full summaries of Domestic and Foreign Medical Literature.

It will thus be seen that we propose to make the **REPORTER** a complete and PRACTICAL exponent of Medicine and Surgery in all their departments. To the full attainment of this object nothing that our means can command will be spared, and we confidently look to the profession for their countenance and support.

The **REPORTER** is issued every Saturday morning, each number consisting of twenty-four pages of super-royal octavo size, and printed with a clear type on good paper. There are two volumes a year, with index and title page. *The Volumes begin on the first of October and April.*

Terms.—The subscription price is \$3 a year, or \$1.50 for six months, payable in advance. Subscriptions must begin with and include a volume. *The REPORTER will only be sent to those who pay for it.* Notice will be sent to subscribers at the termination of their subscriptions. Current paper, postage stamps or gold, (firmly secured between cards or thick paper, and the envelope well closed,) will be received in payment.

 The **REPORTER** can be supplied from the commencement.

 Communications, Essays, Items of Intelligence, Biographical Sketches of distinguished men, etc., etc., are respectfully solicited.

Address "*Editors of the Medical and Surgical Reporter*," Philadelphia, Pa.

S. W. BUTLER, M. D.,
R. J. LEVIS, M. D., } Editors.



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S

MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

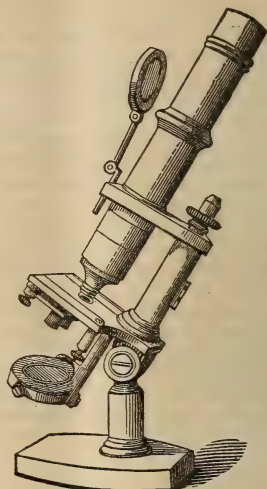
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—ly

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila



PHILADELPHIA SURGEONS'

Bandage Institute, (patronized by the Medical Faculty,) No. 14 (late 4) North Ninth street, West side, the Sixth Store above Market. B. C. EVERETT, Principal.

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequaled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett
126-y.

COLLECTING AGENCY.

THE undersigned will attend to the collection of Physicians' and Dentists' Accounts, House Rents, &c.

WM. M. DICKSON,

Agent for "Druggists' Circular," N. Y.; and Med. and Surgical Reporter, Philada., &c., &c. Address Box 82, Philada.

SCHÆFER & KORADI,

South-west Corner of Fourth and Wood Streets,

Have received—

HANDBUCH der RATIONELLEN THERAPIE vom heutigen Standpunkt wissenschaftlicher Forschung und klinischer Erfahrung für praktische und angehende Aerzte bearbeitet von Dr. Theodor Wittmaack. 2 vols. octavo, 1859. Price \$5.

NATHAN STARKEY,

MANUFACTURER OF

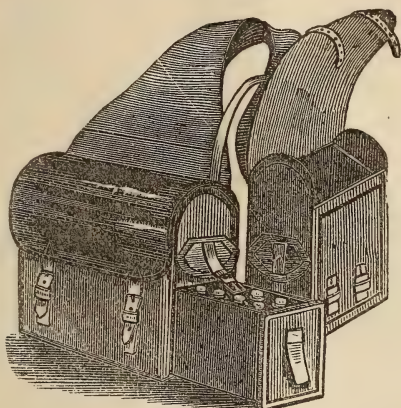
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " "	10 50
" 6 & 11, " 20 1 oz. " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " "	8 50
" 3, " 16 " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " 4 " "	19 00
No. 3, " 48 " " 4 " "	17 50
No. 4, " 37 " " 4 " "	13 50
No. 5, " 32 " " 4 " "	12 50
No. 6, " 27 " " 4 " "	10 50
No. 7, " 20 " " " "	8 50
No. 8, " 15 " " " "	6 50
No. 9, " 14 " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish.

118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments.

118

Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of these Baths in all the principal cities of Europe, and the desire which has been so constantly expressed by the profession, to have a place, containing the necessary apparatus and attention—has induced the subscriber to open an establishment for their special administration at No. 1121 Spruce street. The institution has received the highest approval and entire sanction of the most eminent practitioners of this city and New York. Such arrangements have been made, that separate Reception and Bath Rooms, and appropriate attendance, is to be given to the different sexes, and every other privacy, convenience and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly welcomed, and every explanation as to the working and application of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths applied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

No. 1121 Spruce street.

139

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Lewis, M. D., " "
Isaac Hays, M. D.
P. B. Goddard, M. D.

118

COLLEGE OF PHYSICIANS AND SURGEONS

IN THE CITY OF NEW YORK.

SESSION OF 1859-'60.

THE ANNUAL SESSION WILL BE OPENED ON MONDAY, 17th October, 1859, and continued until the second Thursday of March, 1860.

EDWARD DELAFIELD, M. D., President.

JOSEPH M. SMITH, M. D., Prof. of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Prof. of Surgery.

CHANDLER R. GILMAN, M. D., Prof. of Obstetrics and Medical Jurisprudence.

ALONZO CLARK, M. D., Prof. of Pathology and Practical Medicine.

JOHN C. DALTON, Jr., M. D., Prof. of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Prof. of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOT, Jr., M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy.

Fees.—Matriculation fee, \$5. Fee for Professors' Ticket, \$105. Demonstrator's ticket, \$5. Graduation fee, \$25.

The Fall Course will be commenced on the 19th September, and continued until the opening of the Regular Course, as follows:

Anatomy of Heart and Arteries, by Dr. WATTS.

Meteorology as applied to Hygiene, by Dr. ST. JOHN.

Physiology of the Circulation, by Dr. DALTON.

Veneral Diseases, by Dr. F. I. BUMSTEAD.

Practical Surgery, Dr. E. ACOSTA.

Also, Four Cliniques a week, during the entire Session, by Drs. PARKER, CLARK, DETMOLD and ELLIOT. The full Course is free to the Students of the College.

The "Harsen Prize," a gold medal of the value of Fifty Dollars, besides not less than a hundred dollars in money, will be awarded to that Undergraduate of the College who shall prepare the best written report of the Clinical Instruction in the New York Hospital during any four months of the year immediately preceding the Annual Commencement in March.

The "Faculty Prizes," one of Fifty Dollars, one of Twenty-five dollars—will be awarded to the two best Graduating Theses, presented during the year.

148

ROBERT WATTS, M. D., Dean.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1859-60.

FACULTY.

T. L. BUCKINGHAM, D.D.S.

Professor of Chemistry and Metallurgy.

J. H. MCQUILLEN, D.D.S.

Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.

Professor of Mechanical Dentistry.

J. L. SUESSEROTT, D.D.S.

Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.

Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S.

Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.

Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,

133 North Eleventh street,
Philadelphia.

J. M. MIGEOD,

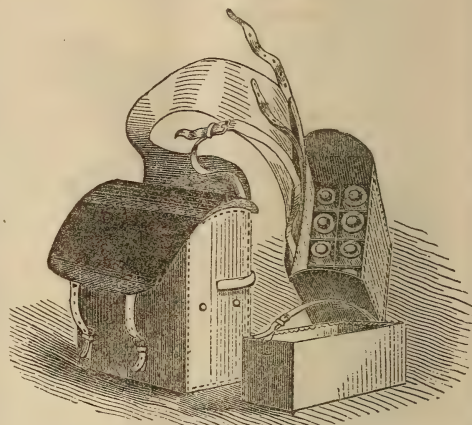
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley.)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " and	\$9 50
No. 2, containing	10 1 oz. " " " and	
	10 1/2 oz. " " " and	8 50
No. 3, containing	8 1 oz. " " " and	
	8 1/2 oz. " " " and	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " " "	
" " "	4 Pots, " " " and	
" " "	1 Mortar, " " " and	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " " and	
" " "	1 Mortar, " " " and	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " " "	
" " "	4 Pots, " " " and	\$12 00
No. 4, containing	20 1 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " " "	
" " "	18 1/2 oz. " " " "	
" " "	4 Pots, " " " and	
" " "	1 Mortar, " " " and	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " " "	
" " "	14 1/2 oz. " " " "	
" " "	4 Pots, " " " and	
" " "	1 Mortar, " " " and	\$16 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1 1/2 oz. " " " "	
" " "	4 Pots, " " " and	\$13 00
		126 y

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, } PHILADELPHIA, SEPTEMBER 10, 1859. { NEW SERIES,
NO. 151. } VOL. II. NO. 24.

Original Communications.

Death from Epistaxis.

By W. H. TRIPLETT, M. D.,

Of Woodstock, Va.

William Moore, colored, aged 55; had severe hemorrhage from the nose, flowing as near as I could tell from the superior meatus of the right nares. He had bled upwards of an hour, and lost perhaps forty ounces of blood. He had had similar attacks at intervals of a week, and in this respect observed a kind of periodicity; found his pulse soft, full, and a little frequent, but no symptom indicative of undue turgescence of the blood vessels of the brain save a slight feeling of uneasiness referred to the region of the frontal sinus; was very weak, presenting that leaden and ashy aspect so significant in the black of great prostration.

From the symptoms given, it would have been impossible to have adduced a correct pathology however anxious we may have been, or laudable the undertaking; but this we conceive was not then within our immediate province, since if it had been the result of either organic change in the great central organ of the circulation, or its mere functional derangement from the reflux of blood by pulmonary tubercular deposit, or of some profound fault of the encephalic mass, or still yet a symptom of a hæmorrhagic diathesis, the indication remained ever the same, viz: to stop the flow; for if at first a symptom only, it had now in itself become a disease, and demanded prompt and efficient aid. Treatment:—recumbent posture, the patient resting on his right side with head raised on several pillows, and inclined to the prone position. Two cathartic

pills were then given, cold being applied to his head at first by means of a constant stream of cold water, but as it inconvenienced the patient too much, pounded ice was substituted.

This treatment began at 10 A. M.; at 1 P. M. had several motions, but was not much improved, having lost near an additional pint of blood. Seeing that there was not much prospect of a cessation of the flow, the local and constitutional treatment began in earnest; and the most vigorous prosecution of the former served to convince me of the futility of all the efforts made by varied local applications to check the hæmorrhage in at least one of the morbid conditions of the pituitary membrane. What the peculiar nature of this change is I cannot say; but suffice it that the most powerful styptics, save the actual cautery itself, were applied in vain to arrest the hemorrhage. I ran down the list of astringents that were used, and have a world-wide renown, not with a feeling of exaltation and pride, but with a sense of deep humiliation at the frequent puerility of our best efforts and worthlessness of our best agents: alum, tannin, acetate of lead, chloride of iron, creasote, sulphuric acid, and tinct. of iodine. These were used in the order that you find them, in nearly all their grades of solution and dilution, but with no other effect than to disgust and nauseate the patient, and the forming of a firm resolve on my part to use them no more in the case.

Dissatisfied with all the measures I had taken, I had to resort to plugging in the hopes of damming up the blood, and producing a coagulum; but after having firmly fixed a plug of soft surgeons sponge soaked in a strong solution of alum, in the posterior nares, and a similar one in front, had the mortifica-

tion of presently seeing the blood welling out around the whole border of the anterior plug or tampon though filling the nostrils even to strong distension.

All this time was not thrown away on the local treatment, the patient having taken two grains acetate of lead every hour. The question now arose, what was *next* to be done, and I concluded to let him alone for several hours, and notice what effect the lead would have. At nightfall I ordered the following, plumbi acetat, gr. ij, opii pulv. gr. j. to be taken every hour until he should fall asleep, at the same time cautioning the attendants to keep him in the position in which I had first placed him. The next morning to my great astonishment I found him propped up in bed and gnawing at a piece of boiled ham; all hæmorrhage had ceased; he had slept much during the night, and his pulse from the feeble and rapid stroke, began in the evening to beat much fuller and stronger, and with the regularity that plainly showed his system much recuperated. When I noticed the effort he was making, I directed him to be laid down and soups to be given; but with the mulish petulance which sometimes obtrudes itself to defeat our best efforts, he declared—"I am hungry and must have something to eat now." Believing some accident would befall him, and not wishing to abandon him to his fate, which I was strongly tempted to do, I sat down a few moments, and presently saw two small streams of blood issuing from both nares, and trickling down the upper lip, at first slow, then fast, and faster until it became a little rapid current of very pale and attenuated blood. From this second attack he never recovered but gradually sank until death overtook him, four days afterward.

It was interesting to notice how rapidly the blood became robbed of its red corpuscles; on the second and third day scarcely staining the cloth that caught it, and closely resembling the liquor sanguinis.

Connected with this history is an important feature, than which I know of no other that would have established the pathology of this disorder, viz: the formation of petechiæ in

the cavity of the mouth and the oozing of a small quantity of blood from its walls, which when the mouth was kept open for some time dotted its sides here and there like beads. There were four or five petechiæ, one at the base of the tongue near the frænum, and the others scattered over the hard and soft palate. I considered that the pathological condition in this case, predisposing to hemorrhage, was *purpura hemorrhagica*.

Exsection of Middle Third of Fibula.

Reported by O. H. YOUNG, M. D., House Surgeon to Albany City Hospital.

June 5, 1859. Admitted into Albany City Hospital, John Kane, aged 45 years, during the term of Dr. Swinburne's surgical attendance.

Previous History.—Patient has always enjoyed robust health until five years ago, when, without any assignable cause, he began to be annoyed by deep seated pain in the right leg, with exacerbations at night, and otherwise presenting the characteristics of acute periostitis. On inquiry, no venereal taint can be satisfactorily detected, although reasonably suspected. The pain continued, accompanied by swelling and difficulty in walking. It cannot be ascertained that any treatment was pursued at the time, beyond poulticing and other domestic appliances.

Fifteen months ago the swelling and inflammation culminated in a small abscess, which, in due time, opened spontaneously at the seat of the pain, about the middle of the fibula, leaving a fistulous ulcer. This closed up, from time to time, when the pain would become more severe, until exit was given to the accumulated pus by incisions.

Eight months ago, patient presented himself at the clinic of the Albany Medical College, and on examination, caries of the fibula was diagnosed. A free incision was made through the fistulous ulcer and beyond its limits above and below, and the bone found to be denuded of periosteum, and rough and carious. The diseased portion was carefully scraped away with suitable instruments, and poultices ordered.

This operation procured great temporary relief, but in a few weeks the pain returned. The wound partially healed, but several fistulas remained, from which fetid pus continued to escape, giving rise to constitutional irritation, debility, and in general, all the symptoms usually attending local irritations of this kind, and a protracted drain upon the system.

Present Condition.—Patient is now rather feeble and irritable, has but little appetite, and is restless at night. The leg is much swollen and inflamed, and perforated for about three inches in extent, by several fistulous openings, whence fetid and carious pus is constantly oozing. On introducing the probe the bone is felt denuded, roughened and carious, with a large perforation extending completely through its body. Ordered full diet, and poultices to the leg.

June 8. Patient was rendered fully unconscious by chloroform, and Dr. Swinburne proceeded to operate by making an incision upon the bone, about six inches in extent, and

crossed above by another of about three inches, in the form of a T. The peroneal muscles and interosseous ligament were then dissected off, and the trephine applied above and below the diseased portion, thus separating, with the aid of powerful bone-forceps, a section of the fibula measuring four and a half inches in length, including the buttons removed by the trephine, three inches in circumference at one, and three and a quarter at the other extremity. This portion of the bone is represented in the accompanying plate, and is entirely perforated in its centre, and greatly enlarged, roughened and hardened by disease, rendering the use of the trephine a very laborious task.

Very little blood was lost; two small branches of the peroneal artery were ligated, and three sutures introduced, so as to convert the wound from the T shape, into a straight incision. This was then filled with lint, patient put to bed, a large poultice applied over the whole leg, and anodynes administered, sufficient to procure composure.



June 9. Patient rested quite well last night. This morning a strong lateral splint, with foot-piece, was applied along the inside of the leg, and secured by bandaging, so as to leave the wound exposed. Fresh poultices applied twice a day.

June 10. Wound thoroughly cleansed and fresh lint applied. Continue poultices.

June 12. Wound has united by first intention for about two inches at its upper limit. Sutures all removed. Lint and poultice.

June 13. Healthy pus secreted in fair quantities. Ligatures loose, and wound filling up with healthy granulations.

June 19. Poultice discontinued. The edges

are now approximated with adhesive plaster, and a roller applied snugly along the entire foot and leg. Wound granulating beautifully at the bottom, and healthy pus discharging freely.

June 29. Splint left off. Wound dressed with adhesive strips and bandage, and rapidly closing.

July 12. Wound all healed but a portion about two inches long and half an inch wide. Dressed as before. Patient walks about quite easily with the aid of a cane and crutch.

July 20. Patient removed to the county hospital. Walks without assistance. Has no pain whatever in the leg. The wound has nearly healed.

August 8. Patient presented himself at the Dispensary. On examining the leg, it is found to be all healed with the exception of a portion about an inch in extent, which is not yet covered with skin. No fistulous opening can be found in this ulcer, and it is more than probable that in a week the remaining ulcer will be covered with cuticle. Patient is hearty and strong, sleeps well at night, has a good appetite, is entirely free from pain, and walks with much less halt than would be anticipated so soon after the operation.

Another Case of Eclampsia.

By W. JOHNSON, M. D.,

Of White House, N. J.

The last issue of the REPORTER contains a couple of very interesting cases of eclampsia. I have thought that the following case also possesses sufficient interest for insertion. It is taken from my case book.

August 4th, 1858. I was requested to meet my son, Dr. Thomas Johnson, in consultation, at the house of C. L. My son was called very early in the morning to visit Mrs. L., aged about 20, in a severe attack of eclampsia. She has approached within three weeks of her expected accouchment. She had complained of head ache for some days, and her mother-in-law requested her to have medical aid called in, but she declined her offer. She had had one or two fits when my son first saw her.

He had bled her to the amount of about 84 ounces, and, I think, with marked benefit. Two hours had elapsed since her last fit. Her pulse was 100 per minute, and possessed considerable firmness. She appeared to have but very little consciousness, but could be aroused from her stupor by loud speaking. She has enjoyed good health previous to this attack; the case is *primi para*. Her face is rather palid. Soon after my arrival I made an examination per vaginam, and found the os uteri open to the extent of about two inches. The membranes were tense during pain; the intervals, however, between the pains, were considerable. I had not been long in the house before she had another fit, making nine in all. Her head was drawn strongly towards her right shoulder, but the muscles of the face were not so much distorted; her eyes were turned up into their sockets; but there was no "cat spitting;" the muscles of the lower jaw were very firmly closed. The duration of the fit was a few minutes. The pulse seemed firm enough to warrant the abstraction of more blood, and we had actually tied up the arm with the view of drawing off more, but before we could get the blood to start again from the orifice already made, the patient's face became so livid, that we removed the bandage and abandoned the project. We now gave her ten grains of calomel, and a stimulating enema of salt and molasses and water. Cold water had been freely applied to her head, and was still continued. This fit passed off, and her color gradually returned; her face was no ways flushed, however. I advised my son to give her the one-sixth of a grain of morphia, and repeat every two hours until she should have taken three doses. I advised, also, a few doses of ext. valerian and assafoetida to be given, as circumstances should indicate. I left my forceps with my son, and advised him to apply them as soon as practicable. The contortions of the patient's body, from labor pain, even when the fits were off, rendered the operation somewhat difficult.

I remained about two hours, and left the patient in the care of my son.

5th. My son informed me this afternoon

that the patient was not delivered until after one o'clock in the morning, and that then he applied the forceps without any difficulty. The child did not die until after its exit from the womb.

The patient had twenty-eight fits altogether. She had had about ten fits when I left. The ten grains of calomel given at noon, when I saw her, with the enema, had operated with much violence. My son gave her two or three doses of the sulph. morph., also, a few doses of t. assafoet. The patient was feeble when my son left her. She possessed a little consciousness; had not spoken, but had taken some liquid nourishment which had been offered her. She can turn herself in bed, and can be aroused, but soon dozes again. Pulse stands at 100. She had no more fits after delivery.

9th. My son informed me to-day that the patient did not awake to perfect consciousness until after the lapse of nearly twenty-four hours. One of her first inquiries was, "What day of the week is it?" and on being told, observed, "Then I have slept two days, and wash day has passed by." The pulse to-day is 120. Its frequency may be owing both to debility and to the irritation produced by the distended state of the breasts. Mammary secretion is abundant. The tongue is clean, and appetite good. There is no mental aberration present.

I ought to have stated before this, that the 84 ounces of blood which was drawn from the arm of the patient was taken at a single bleeding. It took this quantity of blood to produce decided systemic impression. Such a large spoilation of blood at one time I conceive would not often be indicated. It here, however, saved the patient's brain from fatal injury, and obviated the danger which would otherwise have resulted from so many convulsions.

12th. Still improving.

25th. Patient has recovered. She knows nothing yet of having had convulsions.

 See the prospectus of the THIRD VOLUME OF THE REPORTER, in our advertising department.

Reviews and Book Notices.

A SYSTEM OF SURGERY; PATHOLOGICAL, DIAGNOSTIC, THERAPEUTIC, AND OPERATIVE. By SAMUEL D. GROSS, M. D., Professor of Surgery in the Jefferson Medical College of Philadelphia, etc. Illustrated by nine hundred and thirty-six engravings. In two volumes. Philadelphia: Blanchard and Lea. Price \$12.

When this work was announced as forthcoming, we acknowledge having felt at once a pre-judgment in its favor. If, thought we, a profound surgeon and an experienced practitioner, an elegant writer, and famed teacher, who during a longer time than is allotted to one human generation, has been favorably known in surgical literature, cannot make a good book, *who can?* Such an author, thus appraised, needs no apology for fixing in an indelible form, and presenting to the world his version of a subject on which the toil of a life time has been bestowed, and the present work needs but the heralding of his name with it to introduce it favorably wherever surgical literature is appreciated.

When the two ponderous tomes were placed on our table, and we turned over their bright pages, and fresh-looking illustrations, and recognized the vigorous and generally concise style of the author, we felt that our favorable anticipations were to be more than verified.

As to the need of such a work; it may be assumed that one which presents qualities superior to any one which has preceded it, is always needed. Comprehensiveness has evidently been one of the great objects of the author, and his profound knowledge of surgical literature has facilitated him in perfecting the work as a great compendium of surgery. He says in his preface:—"The object of this work is to furnish a systematic and comprehensive treatise on the science and practice of surgery, considered in the broadest sense; one that shall serve the practitioner as a faithful and available guide in his daily routine of duty. It has been too much the custom of modern writers on this department of the healing art to omit certain topics altogether, and to speak of others at undue length, evidently assuming that their readers could readily supply the deficiencies from other sources, or that what has been thus slighted is of no practical value. My aim has been to embrace the whole domain of surgery, and to allot to every subject its legitimate claim to notice in the great family of external diseases and accidents."

The author also states boldly, that "there is no topic properly appertaining to surgery, that will not be found to be discussed, to a greater or less extent, in these volumes." To have accomplished what is thus asserted, it will, we believe, be admitted that even in the profusion of recent surgical works, the scattered state of surgical literature, particularly of that which is claimed as American, will make the present work needed. Such comprehensiveness necessarily required a very extended space, but it will be found that notwithstanding the voluminous character of the work, it is really a condensation, and certainly free from verbosity.

To allot to each subject a space commensurate with its importance is, in these days of medical hobby-riding, a consummation not generally attained, though in running through the pages of these volumes we have not detected the partialities of the author.

Like all human undertakings, human imperfections attend it, and though its general reception will be that which is accorded to the installing of a standard work in its proper place, yet its magnitude will make it a target, which at some part, may be hit by the veriest bungler who levels his pen at it. It may, Achilles like, present an impenetrable front and still be vulnerable in some remote and little important region; or unlike Hudibras' doublet, it may be "sword, yet" not "cudgel-proof."

The book presents a magnificent appearance in the mechanical execution. Its illustrations, nine hundred and thirty-six in number, of which nearly four hundred are original, greatly add to its practical character.

A work which is the record of the personal experience and an exponent of the views of one of the most distinguished surgeons of this country, will necessarily excite the attention of the profession, and we think that its intrinsic merits will sustain the pre-eminent reputation of the author.

WHAT MAY BE LEARNED FROM A TREE. BY HARLAND COULTAS, author of "Organic Life the same in Animals as in Plants," etc., etc. Parts 3 and 4.

These numbers complete this entertaining and instructive work. The whole forms a neat octavo of about 200 pages. It is a book which we commend, not merely to all students of botany, but to those (we believe them to be many) who have turned lovingly to the study

of plants, and who, unaided by experienced teachers, have drawn back appalled at the ponderous and unwieldy nosology with which this, like the other natural sciences, is encumbered.

This work is a successful effort to present in a popular form some of the profoundest botanical truths. There is no part of it which would not readily be comprehended by any intelligent reader. Such books, we cannot but believe, do good. We are not among those who object to all attempts to popularize science. Such efforts, if loyally and lovingly made, can lead to nothing but good. We know well that there is no royal road to the acquirement of scientific truth. Years of study, of conscientious self-devotion and of patient labor, are the price paid by all who would enter the penetralia of any science, and botany is no exception to the rule.

But it is not the least value of works such as this, that, while capable of enlarging the understanding and improving the intellect of the general reader, they address themselves in the most encouraging manner to the young, revealing, through the gloomy gates of the temple of science, cool retreats and pleasant vistas beyond, whose promise of calm æsthetic enjoyment is rich enough to tempt the devotion of a life. Doubtless many a thought in this book will fall in fertile soil, and spring up and bear fruit an hundred fold.

But while these appear the chief merits of the work, there are some ideas expressed, well worthy the ripe consideration of the more advanced botanist. Such, for example, is the leading notion in chapter vii., which is thus headed:

"The leaf with the entire edge is alone to be regarded as a simple leaf. The leaf takes a higher form of organization, and becomes compound in proportion to the development of the fibrous portion of its lamina. All the irregularities of its margin, such as lobes, teeth, crevatures, serratures, result from an effort at new leaflet formation, arrested in its first stages."

The work may be obtained of John Alexander, No. 52 south Fourth street, Philadelphia. Price, complete \$1.00; each of the four parts 25 cents.

The total loss in killed and wounded in the late Italian campaign was, of the Allies, *twenty-four thousand three hundred and fifty*; of the Austrians, *thirty-eight thousand six hundred and fifty*.

Editorial.

The original plan of the REPORTER, in its weekly form, as announced in our first Prospectus, included the regular receipt of communications on matters of interest to the profession from all parts of the country, with special reference to Hospital and Medical Society Reports from the more important cities. In accordance with this plan, we have effected arrangements with competent persons in New York and New Orleans, who will furnish us with whatever of interest may transpire in those cities. The communications will not be mere gossiping letters of no permanent value, but will aim to give information of general interest and value to the profession, and they will be more or less elaborate, according to circumstances.

We have the pleasure of presenting in this number the first of the series from New York. Our numerous subscribers in that State, and throughout New England, as well as in other parts of the country, will, we doubt not, be glad to hear, through our columns, of the sayings and doings of the many ornaments of their profession who fill the Hospital and College appointments of that city. The material furnished by our correspondent there will not always appear as in this number, as a formal letter, but the subjects will be placed under their appropriate heads—as “Illustrations of Hospital Practice,” “Medical Society Reports,” etc.

These arrangements involve us in a good deal of expense, which, however, we cheerfully assume that we may render our work still more valuable and interesting to our subscribers, and we trust that our efforts will stimulate the friends that we have already made to renewed exertions to circulate the REPORTER in their respective neighborhoods.

To accommodate the increasing demands on our columns, we shall, from the commencement of the third volume, on the first of October, increase the size of the REPORTER by several pages. It is our purpose to keep up each department of the work with vigor, so

that *all classes* of professional readers will find in its pages something that will be interesting and profitable. It will be observed that the REPORTER is, from week to week, made the vehicle of many communications of interest and value, and we trust that we shall continue to receive from all parts of the country, short, practical articles in the different departments of medicine and surgery, and on other topics of general interest to the profession.

Correspondence.

New York, September 5th, 1859.

If I venture to correspond with so valuable, and so extensively circulated a journal, as yours, I do it with no misgivings regarding the abundance of material, but rather with a fear of my inability to control it. You cannot expect a correspondent always to furnish original ideas and entirely new matter. Scientific facts, however, are like coins; when they grow old, they become effaced from much use, so that we cannot oftentimes determine their value, and are obliged to send them to the mint to be re-cast. And thus I will be content, to act as a humble hand in the great legitimate mint of science, rather than fabricate by closed shutters and the midnight lamp “*original counterfeits*,” and I trust that you will find in my re-castings the “ring of the true metal.”

THE CROTON WATER.

The Croton water excitement has fairly subsided. But I cannot join the occasionally sneering remarks of some, in and out of the profession of this city and elsewhere, who pronounce it as the last sensation, or the “latest humbug.” I am convinced, that those in *this city*, who decry it as such, are possessed of that fortunate (!) aversion against water, which renders them capable of going without it for an unlimited period of time, and thus placed them *beyond* the necessity of risking its effects.

The taste of the water was really *abominable*; and neither the articles of sensation-reporters, nor the cries of professional or non-professional “panic-makers,” were needed to alarm a populace, like that of New York, or of any other city, where the thing might have occurred. It needed but a taste of the water to convince every man, woman and child that

something was wrong, and every one knows, that the idea of disease is very closely associated in the public mind with foul odors, and things generally obnoxious to the senses. Hence these remarks of self-complacent ridicule, now, when the danger has passed, come rather *post festum*, analogous somewhat to the explanatory epistles of foreign correspondents on the peace at Villafranca, which a week before they had all declared impossible!

The bad condition of the water was thought by some to be owing to the *high*—and by others to the *low* water-mark of the river; both theories coinciding however, in the supposition, that the water had stricken beds of decaying vegetable matter which communicated the marshy, swampy taste. This could not be reconciled with the fact, that in former years the Croton had often reached the same water marks, and stricken soil of the same nature, as during the present year, without producing any unpleasant effects. All doubts however as to the nature of the evil, were dissipated by the investigation of Dr. Torrey, whose authority in such matters will not be doubted even by the skeptic. From his examinations it is evident, that the whole difficulty was caused by the “rapid and abundant growth of a microscopic, conferva-like plant, which abounds in a volatile odoriferous principle, soluble to some extent in water.” In reference to the origin of these little filaments the venerable *savant*, has not yet satisfied himself; they may be the entire plant, or may once have constituted part of a more complex algæ. “They are—he continues—more minute, than in any true conferva known to me, being only 2,500th to 2,000th of an inch in diameter and from a 50th to the 20th of an inch long. I strongly suspect, that they are derived from a species of the genus *Nostoc* of botanists. The genus usually consists of a globular or oblong vesicle, from the size of a buck-shot to the bigness of a plumb, and filled with mucus, which is loaded with minute bead-like filaments. When the little bladders burst, the contents escape, the mucus dissolves in the water, and the filaments are set free. Sometimes the waters of small lakes are filled with these small bladders of *Nostoc*.” . . .

The occurrence of this plant at this season, and the reason why it has not been noticed before, is ascribed by Dr. Torrey to the fact, that “even in high orders of plants, it is a common circumstance for a particular species to abound at one time, and then almost disappear for years; and in the lower vegetable

tribes, especially those which inhabit the water, is this strikingly the case;” while on the other hand, “the present summer has been unusually favorable to vegetation of all kinds.”

The doctor’s prognostic is against the longevity of the plant which has given us so much trouble, and he prophesies its speedy disappearance, and probable non-recurrence.

INTRA-UTERINE AMPUTATION.

Apropos of the case of probable spontaneous intra-uterine amputation, reported by Dr. Zeigler, in one of your last numbers. A remarkable instance of this quite rare accident was shown to the class at the surgical clinic of the College of Physicians and Surgeons, on Monday, August 29th, by Dr. Markoe. I am indebted to a friend for the following note:

The patient was a child about ten months of age. It was brought to the clinic to be operated upon for club foot. Before operating, Dr. M. called the attention of the class to a remarkably deep furrow, situated just below the knee-joint of the left leg, extending down to the bone, the latter being covered only by integument. The fingers of the left hand were fused together in such a manner as to completely prevent lateral motion, while direct flexion and extension of the fingers conjointly, was not interfered with. The great toe of the right foot was completely amputated, nothing being left but a little rounded projection about the size of a pea to mark the spot where the toe should have been developed. Around the left thigh another furrow, i. e. another attempt at spontaneous amputation was found, differing from the one below the knee only in depth. The doctor remarked that the interest of the case consisted more in the explanation of the cause, than any practical treatment.

Some authors have endeavored to account for this class of malformations by the winding of the cord around the various parts, but *this* case almost excludes the theory. How the cord could have been wound around the left leg, the left thigh, the great toe of the right foot, and the left hand, is somewhat difficult to explain.

In connection with this subject, I am not aware that the curious case of intra-uterine amputation, consequent upon intra-uterine fracture, reported by Prof. Martin of Jena, has ever been referred to in any of our American journals. In a letter of Prof. M., published in the *Gazette Hebdomadaire* of May 28th, 1858, the case is related as follows:

“J. L. Oswald, born of parents in good cir-

cumstances and health, presented at the moment of his birth an absence of the left arm; labor had been normal. According to the statement of the physician, who had been called soon after, the stump, comprising a little more than the half of the arm, presented at the lower extremity a cicatrix of reddish-brown color, moist, but neither bloody nor suppurating; the bone formed a little projection below. The child was otherwise well-formed. [Here follows the treatment.] . . .

The portion separated from the upper extremity was expelled with the placenta, very soon after the birth of the child; it comprised almost three-quarters of an inch of the inferior extremity of the humerus, and the whole of the forearm and hand. The skin covering it was wrinkled, as if it had previously undergone considerable distension, and of a brownish-green; the fingers presented well developed nails. Incisions made into the arm and forearm on various occasions, showed the subcutaneous cellular tissue infiltrated with blood, thickened and hardened; this could not be observed in the palm of the hand; otherwise there was no deformity of the limb, which appeared to be that of a fœtus of eight or nine months. At the amputated extremity, the skin was inverted toward the centre, and fused with a dense, homogenous substance, which united the subjacent tissues; in the centre of the amputated surface, the humerus projected about a line; its end presenting a *jagged appearance*.

The mother, wife of a farmer, thirty-three years of age, who had previously given birth to several well formed children, related, that eight weeks before her confinement she had fallen down a ladder; that on this occasion she had lost her consciousness, and hence did not know whether or not the distended abdomen had in the fall struck the ground. During the first few days following the accident she lost blood, and from time to time afterwards bloody water from the vagina. The motions of the child continued however to be felt, and notwithstanding the prolonged pain which she suffered after the accident, her general health remained good, and labor took place regularly. The data furnished by the mother, lead to the supposition that the child presented in the second position of the head, with the left arm forward. From these facts, Prof. M. concludes: 1. That the fall of the mother produced a fracture of the humerus of the fœtus. 2. That this fracture was the cause of the spontaneous amputation."

There can hardly be a just doubt as to the correctness of Prof. Martin's conclusions, and hence it seems to me probable that, while the winding of the cord around the limb may produce intra-uterine amputation, yet, as the first case to which I referred shows, this cannot explain the accident in every instance; while the case of Prof. M. conclusively proves that fracture may produce it. Thus, a variety of causes, not yet sufficiently elucidated, must be considered as concerned in various cases of this accident.

LARVÆ DEVELOPED IN THE NASAL FOSSÆ.

Has ever a case of "*Larvæ of insects developed in the frontal sinus and the nasal fossæ*" fallen under your notice? Under this, or a somewhat similar title, M. Coquerel¹ contributes a paper in the *Archives Générales de Médecine*, respecting a curious disease, quite prevalent and fatal in *Cayenne*, and which from the facts furnished to him by Drs. St. Pair and Chapuis, we must conclude to be another of those forcible illustrations to the French exiles there, of the fact, that "*L'Empire c'est la paix*."

The course of the disease presented great uniformity in the five cases, the details of which are furnished in M. C.'s paper. At first the patients experience a disagreeable itching in the nasal fossæ, afterwards intense sub-orbital headache; soon an oedematous swelling of the nasal region sets in, which extends more or less over the face; after this, copious and frequent epistaxis occurs. The sub-orbital pain becomes more violent; one of the patients described it, as if he had received a blow with an iron bar over the parts. A certain quantity of larvæ are discharged through the orifice of the nasal fossæ, or through ulcerations or abscesses which form over the nose; there have been remarked almost 300 larvæ to discharge each day. The nasal bones become necrosed, denuded, and escape. Grave general symptoms, a violent inflammatory reaction, agitation and great

¹ I like this simple, off-hand way of the French, when they call each other simply "*Monsieur*" without dragging half the alphabet strung together like the joints of a kite-tail behind them, and have often been amused when reading in French journals of what simple Monsieur Velpeau, or Mons. Cl. Bernard, or Mons. Tardieu said of some absurdity of some insignificant "M. R. C. S. L., L. S. A., Fellow of the Roy. Med. Chir. Soc., etc., etc." (an appendage to a name on the title page of a little book of 121 pages,) not to cross the Atlantic for an illustration.

difficulty of respiration occur. The inflammation may extend to the hairy scalp and the cerebral membranes, and the patients succumb under delirium and coma. In the most favorable cases the cure is not effected without more or less loss of substance, and cicatrization deforms the nasal region to a greater or less extent. In one case gangrene of the pharynx and the nasal fossæ resulted from the development of larvæ in these cavities.

These larvæ develop themselves also in the auditory canal or in the angles of the eye, and they attack Europeans transported to Cayenne not more readily than the natives. On autopsy they are found incrustated as it were in the nasal fossæ, and in the frontal and maxillary sinuses.

The fatality of the disease is very great; out of six cases, five have proved fatal. It has been combatted by injections; but although a great number of larvæ may in this way be removed, those which have penetrated into the sinus cannot be reached, because the swollen mucous membrane soon obliterates or occludes the orifices, through which they communicate with the nasal fossæ. Supposing even, that the physician succeeds in destroying them by injections of sublimate or hypochlorites, it is probable that some of them remain engaged in the folds of the mucous membrane, and become, when putrefying, the cause of new accidents. The operation of trephining is hence indicated; it permits the physician to wash out all the recesses of the sinus by abundant injections, and thus the formidable accidents, which menace the life of the patients, can be prevented.

The larvæ, the development of which has been the source of such a shocking affection, arise evidently from ova, deposited into the entrance of the nasal fossa, though none of the patients had directly noticed the fact; but one of the transported men had succeeded in catching a fly, that had found its way into his nostril, and after the description, which M. St. Pair has given of this insect, it has been found to be identical with that, which M. Chapins has observed to be hatched from one of the larvæ extracted from the nasal fossæ. This insect, which has been presented by M. Coquerel to the Biological Society belongs to the order of *Dipteres*, the family of *Muscides*, and must constitute a new species of the genus *Lucilia*; it is in this genus, that the *Lucilia* Cæsar, so common in France, and which deposits its eggs on decomposing animal and vegetable matter, is found. M. Coquerel

gives the name: *Lucilia hominivorex* to the murderous insect. Observations of a similar nature are recorded in the *Archives Générales*, *Gazette Hebdomadaire*, etc., etc.

BUSY TIMES AT HAND.

In a few weeks the stillness which now reigns in our medical institutions, will be succeeded by the usual bustle and preparation for the winter's work, and then your correspondent will be able to give more interesting facts and news regarding the cultivation and progress of science in our Metropolis.

GOTHAM.

Periscope.

FOREIGN.

Osteogenesis.—The *Lancet* says: Mr. Collier, who has investigated so largely respecting the generation of bone by the periosteum, wished to ascertain whether the dura mater might be considered as having a share in the formation of bones of the cranium. Flaps of dura mater, engrafted into the axilla and groins of animals, give rise to small and well formed bones, with all the anatomical characters of normal osseous substance.

This property of the dura mater is a great deal more apparent with the young than with the old.

The Microscope before the Anatomical Society of Paris.—(*Lancet*.) Dr. Gallard, secretary to the society, has, in his report upon the transactions of the society for 1858, examined the promises held out by the microscope. He finds that hardly any have been fulfilled, especially as regards the cancer-cell. Mr. Gallard does not concede that heteromorphous matter ever exists in the human frame, and does not believe that tubercular or cancerous deposits are substances differing entirely from normal tissues. He lays particular stress, whilst passing in review the pathological preparations which were brought before the society in the course of the year, on twenty-six cases of cancer, upon only six of which the cancer-cell was found. He sarcastically alludes to the fact that microscopists have gradually receded from the cell to the nucleus, and from the nucleus to the nucleolus, driven, as they were, by the difficulty of finding any

characteristic element in morbid textures. The author concludes that, in the present state of anatomy, and especially histology, no criterion exists by which to distinguish malignant from non-malignant tumors.

Cancer of the Tongue Removed by the Écraseur.—The following account of this operation by Chassainac, is given by the French correspondent of the *Lancet*:

One end of the chain was introduced through an opening in the integument just above the hyoid bone, passed through the floor of the mouth between the side of the tongue and the teeth, then over the upper surface of the tongue in front of the epiglottis, and down on the opposite side to the opening in the integument, by which it had entered. The chain was now drawn tight, and shortened to the extent of a link every half minute. Thus the parts from the base of the tongue to the hyoid bone were divided. The tip of the tongue was now removed by the *écraseur*, and then, the chain having been re-adapted, the remaining portion of the organ was removed by dividing its attachment to the gum and lower jaw.

The operation lasted thirty-five minutes; not one teaspoonful of blood was lost; and after the first pang, consequent on drawing tight the chain, the patient did not appear to suffer severely. An easy passage for the chain of the *écraseur* had been prepared by the introduction of an elastic tube.

Vaccination in Syphilis.—Sometime ago we alluded to the fact that vaccination had been recently extolled as exerting a curative influence over the lues venerea. This mode of treatment demands that the patient should be vaccinated some 20 or 30 times, which, of course, can only be done within a certain limited period of time.

There is very little additional information that we can give upon this discovery. Shortly after the appearance of the first publication upon the subject, several claimants for the honor of the discovery (supposing that one was made!) appeared, and carried on quite a bitter war of words. From the numerous articles which have been written, it would appear that there is some truth in the assertion of the efficacy of frequent vaccinations in this disease.

There have been different theories advanced to account for this curative action. The most

plausible seems to be, that the numerous *loci suppurandi* serve as eliminatory foci.

A New Disinfectant.—At the meeting of the Academy of Sciences of Paris, of the 18th July, (*Gazette Hebdom.*, July 29,) MM. Demeaux and Corne, two former internes of the Hospice de la Charité, made a report on a new disinfectant, which, if all that is claimed for it is true, is destined to effect a great amelioration in the treatment of ulcers, abscesses, flesh wounds, etc. The object of the discovery is the complete and instantaneous disinfection of animal matter. They claim that it arrests decomposition, and effectually prevents the generation of insects. The following is the formula given by the inventors:

Plaster, of commerce, reduced to a fine powder, 100 parts.

Coal-tar, one to three parts.

The mixture of the two substances is effected with ease by the aid of a mortar, or any other appropriate mechanical means. The mode of application is the following: A certain quantity of the powder is diluted with olive oil to the consistency of paste, or ointment, which is of a dark brown color, has a slightly bituminous odor, and may be kept in a closed jar for an indefinite period. The oil unites the powder without dissolving it, and the composition has the property of absorbing infectious liquids the instant it is applied to the sore which produces them. The application may be mediate or immediate. In the latter case no pain whatever is produced; on the contrary, the salve has a detersive action, cleanses the sore, and favors cicatrization. MM. Corne and Demeaux state that the composition may be applied in the form of a poultice, or on cotton, and laid on the wound. They demonstrate that their mode of dressing possesses the double property of disinfecting morbid products, and of absorbing their liquids. The last circumstance entirely obviates the necessity of lint, which is an important feature of the discovery. The communication was referred to MM. Chevreul, Velpeau and J. Cloquet.

At the meeting of the 25th of July, M. Velpeau made a report of his experience with the new disinfectant, during the short time that had elapsed. He was quite favorably impressed with it, having applied it to several cases in which the discharges from ulcers or wounds were highly offensive, with the effect of immediately correcting the odor, and im-

proving the appearance of the wounds. The testimony of others was also given in favor of the new disinfectant.

At the succeeding meeting of the Academy, (Aug. 8,) the subject was again brought up, and a report read from Baron Larrey, Surgeon in Chief to the Army of Italy, who had a trial made of the new disinfectant, and who reports favorably in regard to it. It would seem to be worthy of the attention of the profession of this country.

Dr. Wordsworth reports, in the *Lancet*, the cure of a large cyst of the orbit by injection of tincture of iodine. The tumor projected from the orbit, and seemed blended with the eyeball. A long curved incision was made, corresponding with the concave margin of the orbit, from which a considerable amount of glairy fluid escaped. Its connections were so extensive that its removal was considered impracticable. After emptying the cavity, a strong alcoholic solution of iodine was introduced into the cavity by means of lint on a probe. Some discharge occurred for a few days, but was soon followed by complete closure of the wound and obliteration of the sac.

Ascarides.—The *Med. Times and Gazette* says:

M. Bourgeois d'Etamps asserts that the introduction of mercurial ointment into the rectum has never failed to effect the destruction of these animals, in all the numerous cases in which he had tried it; and he adds that it was only in those cases in which other remedies had failed, that he had used it. In the case of a child, the mother is directed to introduce into the rectum, as high up as possible, a piece of the ointment on the end of the finger. A grown up person can do it for himself. All itching, etc., at once ceases, but it is advisable to repeat the injection three or four times. The small quantity of ointment requisite for the destruction of these animals is really astonishing.

No doubt the glysters of M. Legrout, in which the mercurial ointment is held in suspension, act in a similar way; but they are more complicated in use. M. Bourgeois d'Etamps suggests that, at all events, if the mercurial ointment is thus used, it might be dissolved in oil, and so injected. Be this as it may, its direct action is so marked as a destroyer of ascarides, as to place it, in his opinion, above all other remedies.

AMERICAN.

New Cement for the Teeth.—At the late meeting of the American Dental Convention at Niagara Falls, (*Dental Register of the West*,) Dr. Isaiah Forbes, of Missouri, read a communication from Mr. Enno Sander, a Chemist of St. Louis, proposing a new composition for a cement. It consists of two materials, which, mixed together produce a firm plastic mass.

No. 1. The powder; consists of—

Freshly calcined oxyd of zinc,	9 parts.
Finely powdered borax,	1 part.
Finely powdered silex,	2 parts.

All mixed well together.

No. 2. The liquid; is merely a concentrated solution of chloride of zinc in the smallest possible quantity of silicate of soda, or soluble glass.

The above cement might be found useful for many purposes in the office of the physician.

Whooping-Cough.—We would remind our cotemporary the *Semi-Monthly Medical News*, that the application of blisters to the back of the neck in whooping-cough has been practiced by American physicians for many years, and with marked benefit. This method of treatment was originally recommended, we believe, by Dr. R. L. Madison, of Virginia, and will be found noticed in Wood's Practice of Medicine. It is more than probable that "Harvey A. Hall, Surgeon Accoucher to the Royal Pimlico Dispensary," was indebted to Dr. Madison for the information which led him to employ this mode of treatment, and he should have had the magnanimity to acknowledge it.

Pirogoff's Operation.—We would inform Dr. Weber of the *Cleveland Medical Gazette*, that this operation has been performed a number of times in this city. Dr. Pancoast has made it on several occasions the subject of clinical observation at the Pennsylvania Hospital, and a brief account of it has been published in the pages of this journal. The profession of this country is, however, indebted to Dr. Weber for the more elaborate account which he publishes of the operation, in the *Gazette*, and it doubtless deserves more attention than it has hitherto received in this country.

Bael-Fruit in Dysentery.—At the meeting of the Medico-Chirurgical College of New York, of July 28th, (*American Medical Monthly*,) Dr. A. K. Gardner called the attention of the members to the Bael-fruit, the product of *Egle Marmelos*, order *Aurantiaciæ*, of East Indian origin. "When ripe, the fruit is of the size of a large orange, and of a light-green color. The outside is as hard and thick as a cocoon, requiring as much force to break it. The interior resembles the pulp of an orange, and is of a light-pink color. It is rarely eaten, but a tea is made by scraping out the soft interior and pouring boiling water upon it, which, when cool, forms a most delicious flavored drink, without the addition of sugar or any foreign ingredient, and especially grateful to the feverish thirst of those ill with febrile symptoms, not unfrequently attendant upon dysenteries. Drank thus, it has a slight acid flavor; it is also mucilaginous, being of a thick, syrupy consistence, and possesses an astringent character of scarcely perceptible nature. The fruit is dried for preservation, and, broken up, is placed in bottles, as here presented. The exquisite flavor reported to characterize the decoction of the fresh fruit is lost in drying, or at least as seen here; and we have a slightly acid and otherwise unobjectionable taste in the preparation. * * * The direction for its preparation is given as follows: Take one ounce of Bael fruit and one pint of water; boil over a gentle fire until half is evaporated; strain, and give a wine-glassful whenever the patient is thirsty. The dose for children will vary from a tea-spoonful to a table-spoonful. An extract is also made of the consistency of tar, which has a slight empyreumatic flavor, not particularly agreeable. It is also dried in slices, being the same preparation, in a different form.

It is not proposed to use this to the exclusion of other medicines, but as an adjuvant of considerable utility, not only as an astringent, but as a febrifuge. Should the dysentery depend upon or be associated with any scorbutic tendency, the citric acid in this fruit is well adapted, and it is perhaps to this quality that a great part of its much-vaunted success in Calcutta and the Indies generally is to be attributed."

Wet feet are some of the most effective agents death has in the field. It has peopled more graves than all the gory engines of war. Those who neglect to keep their feet dry are suicides.—*Abernethy*.

Inversion of the Uterus.—Dr. O. C. Gibbs, of Frewsburg, N. Y., says, in a summary of Medical Journalism in the *Am. Med. Monthly*, that the result of the last year's practice has been one of encouragement and hope for those unfortunate females afflicted with uterine inversion. Dr. White, of Buffalo, has successfully accomplished reduction after six months. (See *American Journal of Medical Sciences* for July, 1858.) Dr. Potter, of Geneva, N. Y., has reduced two cases, one of fifteen months' duration. (See *Chicago Medical Journal* for June, 1859.) Dr. W. Tyler Smith, of London, has successfully accomplished reduction after nearly twelve years. (See *Transactions of the Royal Medico-Chirurgical Society of London* for 1858.) Hereafter, it is to be hoped that no woman will be abandoned to her fate, of however long standing may be the inversion.

Treatment of the Asphyxia caused by Chloroform.—Dr. Cyrus B. Smith, of Pittsfield, Mass., writes as follows to the *Boston Medical and Surgical Journal*. I noticed in a late number of the *Philadelphia Medical and Surgical Reporter*, the statement that Langenbeck, of Berlin, successfully performed the operation of tracheotomy for asphyxia and apparent death from chloroform; hence the following.

During the past winter, I have had occasion to perform a number of experiments upon animals—cats and dogs principally. To reduce the animals to a state of get-at-ableness, and to prevent interruption to my operations, I have generally administered chloroform; but, to produce complete anæsthesia, particularly in a cat, necessitates very large doses; and I often found that, when I had arrested all the voluntary motions of the animal, the effect was made permanent by the stoppage of the involuntary motions. I observed, too, when the animal lay upon its back, while under the full influence of anæsthetics, that the respiration was often stopped, or else impeded; and when it lay upon its breast, with the mouth turned downward, this did not happen. I could find no explanation for this, except upon the supposition that the tongue fell backward from its natural position, in such a manner as to close the air passages leading to the lungs, thus preventing the entrance of air into the organs of respiration. I have never noticed this, while the animal possessed any voluntary motion, or power sufficient to

hold the tongue in its normal position during respiration. Often, too, when an animal stopped breathing, respiration was immediately resumed, if not too long stopped, by drawing the tongue forward with forceps, partly out of the mouth, and sometimes resorting to artificial respiration. Since the learning of this fact, when performing experiments upon such subjects, I have always confined the tongue partly out of the mouth, and by so doing my animals always live, unless they die from causes extraneous to the results of anæsthesia. I think, if due attention is given to these facts, that most, if not all, of the animals which die by anæsthetic cause, during experiments, may be saved; which is a great desideratum, in the neighborhood of an experimenter or a medical college, where numerous experiments render it difficult to obtain them.

Now, was tracheotomy necessary in the case in which Langenbeck operated? I think not, and its success adds to the truth of this assertion. If he had drawn the tongue forward, partly out of the mouth of his patient, I think the result would have been the same. What other explanation for the success of the operation can be given? I am not aware that pseudo-membrane, or other obstruction, is developed in the air-passages by the administration of anæsthetics. The obstruction must have been between the mouth and cricoid cartilage, and, without doubt, that obstruction was the tongue.

Generally, patients undergoing any operation, from the extraction of a tooth to the amputation of a limb, while under the influence of anæsthetics, are either placed horizontally upon the back or in a reclining position, so that if the patient lose all muscular power, the tongue would naturally fall downward and backward—thus preventing the passage of air, which requires but little change in the position of the tongue. It is not often that we hear of the death of a patient, while possessing any voluntary power.

I think one reason why ether is less fatal than chloroform, is that the anæsthetic effect of ether is not often pushed to the extent to which chloroform is given, ether being less powerful in effect than chloroform.

I am surprised at the want of knowledge in the medical profession upon these simple facts; and I am satisfied that many of the deaths of persons thus asphyxiated by anæsthetics, might have been prevented by a knowledge and application of them.

Medical News.

Many of the private courses for medical instruction in this city have begun and are, for so early in the season, well attended. The classes at the hospitals are increasing, and the favorite haunts of the student, such as College avenue, which might be appropriately called *Student's Commons*, are again frequented.

Some of the private and independent courses of lectures are exceedingly valuable to the student as preliminary to the regular college term. Such independent lectures have of late been more popular with students than the organized associations for teaching.

The private anatomical rooms are open, with daily lectures on anatomical subjects. The same, or greater facilities for this pursuit, are offered earlier in the season than during the college term. This is a very appropriate time for attending to this important specialty, as it is quite impossible during his attendance on the lectures at the college for the student to devote sufficient time and attention to it, without neglecting other branches. Another advantage of the present season for this object is, that the days being still long, sufficient time can be had for dissection during the daylight.

We cannot allude to the subject of practical anatomy without desiring to impress on the student its transcendent importance during his collegiate course; any other study can with more convenience be prosecuted after graduation, and in most localities, particularly in the country, the study of anatomy would be entirely impracticable.

There are also lectures on other important fundamental branches, and on operative surgery, pathology, microscopy, etc.

The wards of the Pennsylvania Hospital are particularly interesting at this time, from an unusual number of traumatic cases, owing to the great activity of business of the season, increasing building, travel, manufactures, and everything which brings steam machinery into use. The Philadelphia Hospital has some of its wards well crowded. The venereal department contains about a hundred patients. The mortality of the institution, which is from two to three a day, presents a valuable opportunity for pathological observation.

There are, thus far, indications of large medical classes for the coming winter. The general prosperity of the country will have a favorable influence on the number of students,

and from their early appearance in our midst, we predict classes in size without precedent.

The "Nightingale."—In a recent number we expressed some doubt as to the success of this floating hospital in the Lower Bay of New York. We are pleased, however, to learn that the Commissioners of Emigration have had the discernment to employ competent advice in arranging the vessel for hospital purposes, and have appointed a capable man to take charge of her. The *Nightingale* is anchored nineteen miles from the Battery. Dr. Elisha Harris has the charge of the hospital, residing on board. He writes us that the experiment of a floating hospital bids fair to be eminently *successful*. He says, "We have not lost one in ten of our cases of yellow fever, and in the treatment of cholera and typhus, I boldly predict unprecedented success, owing to the perfection of arrangements for ventilation and cleanliness."

Epidemics.—There are some slight indications of another general epidemic of cholera. It has passed from Hamburg to England, and some cases have occurred in Paris, but the number is quite small. The disease is very prevalent and fatal in some portions of India, 683 persons having fallen victims to it in Bombay between the 2d and 22d of June.

Yellow-fever has been kept wonderfully in abeyance the past summer. We have not seen the report of a single case in New Orleans, and all parts of our country have escaped its ravages. It has prevailed, however, at some of the South American and West Indian sea-ports, and several vessels have suffered severely from it. A few cases have been quarantined in New York.

The "Whitney Case" "drags its weary length" through the *American Medical Monthly*. The number for Sept. contains letters from Professors J. Hughes Bennett, of Edinburgh, and Carl Rokitansky, of Vienna, two of the most eminent pathologists in the world, both of whom oppose the idea that Mr. Whitney's death was caused by Dr. Green's use of the probang. We doubt whether on the whole, Dr. Green's reputation has been damaged much by this case, as fierce as the onslaught upon him was in the first instance. By the way, we perceive that Rokitansky does not compliment those who made the post-mortem examination. He says that the whole report is very defective, inasmuch

as a complete dissection was not made, and that the description of the cavity was very imperfect.

We are sorry to learn that an animosity that had for a long time existed between Drs. Choppin and Foster, of New Orleans, resulted in a personal encounter on the 27th ult., at the gate of the Charity Hospital of that city. Several shots were exchanged, though Dr. Foster had the advantage of Dr. Choppin in the kind of instrument used, and the latter received two or three wounds, while the former escaped unhurt. Dr. Choppin, we are glad to say, from last accounts, appears likely to recover from his wounds.

The *Boston Journal* says: "Among the unpublished manuscripts of the late and much lamented Dr. Wm. A. Alcott, was one bearing the following unique and suggestive title: 'Forty Years in the Wilderness of Pills and Powders, or the Cogitations and Confessions of an Aged Physician.' It bears the marks of having been added to up to within a week of the decease of the venerable author. It may with propriety be called his Medical Autobiography, and is a work of quite remarkable character, being filled with facts and anecdotes of rare interest. It will doubtless have a large sale when published. We are informed that Messrs. John P. Jewett & Co. have the work in press, and will issue it at an early day."

Although a very excellent and well meaning man, Dr. Alcott was a very eccentric one, and too much a man of one idea to do justice to a strictly medical subject. We have no doubt that his book will be a "readable" one, but we do not anticipate that it will present the "facts" and "anecdotes" that came under his observation during the forty years that he wore the title of M. D., in a manner that will be fair and just to medicine as a science.

Dr. Julien Xavier Chabert, the celebrated "fire-king," died recently, in New York. He first attracted attention in that city about the year 1832, by his power to resist heat. Among his exploits, was entering an oven and having it heated sufficiently to cook beef steaks at his feet. He was a singular, eccentric man, entirely uneducated, except having a little knowledge of chemistry, though he was something of an imposter, even in this. He professed to

be a consumption curer, and once sent us for publication, a polypharmic recipe, on which he placed great reliance in the treatment of this disease, of which the common ground-snail constituted an ingredient. We, however, declined his communications, and they were afterwards published in the Boston Medical and Surgical Journal. This was while it was under the editorial supervision of Dr. "Alphabet" Smith.

A family of nine persons was recently poisoned in New York, by eating bread in which, by a blunder of an apothecary, tartar emetic had been put instead of cream of tartar. All recovered.

The Medical Association of South Carolina has offered, through its executive committee, a prize of \$100 "for the best essay on a subject in any one of the departments of medical science. The essays must be handed to the Corresponding Secretary of the Association, in Charleston, by the 1st of January, 1860.

"The celebrated Dr. Von Moschzisker" has found his way to Cleveland, Ohio, where he is "spreading himself" desperately in the newspapers. If he does not succeed better there than he did here, he will soon have to wind up. There are some people in this city who would be much obliged to the gentleman if he would come back and "settle up" some "little bills" they have against him. Let the profession of the West keep the public apprised of his operations.

Yellow Fever Medals.—The Portuguese Government has issued two hundred medals to those who rendered the most efficient services during the epidemic at Lisbon, in 1857. They are impressed with the motto, "To Self-forgetting Humanity," and are to be worn suspended by a yellow ribbon.

Dr. Kitto, referring to his never having heard the voices of his children, thus pathetically speaks of his affliction of deafness:

"If there be any one thing arising out of my condition which more than any other fills my heart with grief, it is this, to see their blessed lips in motion and to hear them not, and to witness others moved to smiles and kisses by the sweet peculiarities of infantile speech which are incommunicable to me, and which pass by me like the idle wind."

We call attention to the advertisement offering the sale of a favorable location for practice and drug business in this city.

To CORRESPONDENTS.—Mr. E. de W. B., Pa.—The Naval Medical Board assigns to each candidate a subject upon which he is to write, and gives him no time to consider it before commencing the work.

If candidates were permitted to select the subjects, they would present premeditated essays, which would be indicative of industry, but not a test of readiness in writing, or of extent or accuracy of previously acquired knowledge.

The same principles govern both the oral and written examinations—to take slices of the candidates, information from various parts of its mass, and from such extracted samples, judge the quality of the aggregate.

MARRIAGES.

OTIS—COOKE.—At Catskill, N. Y., Aug. 31st, Fessenden N. Otis, M. D., to Miss Frances H. Cooke.

DEATHS.

CORSON.—At Trenton, N. J., Aug. 29th, George Robert, son of Dr. Thomas J. and Mary K. Corson, in the third year of his age.

PHILADELPHIA SCHOOL OF ANATOMY,

At the Upper End of College Avenue,

Entrance from Tenth st., between Market and Chestnut sts.

WINTER ANNOUNCEMENT.

The Winter Term in this old established Institution will commence on the 1st of September, and continue until the 1st of March.

The opportunities for prosecuting Practical Anatomy are equal to those in any of the Colleges.

There are two large dissecting rooms, well ventilated and amply supplied with gas, water, and material. Lecture rooms, and anatomical museum, provided with everything necessary to elucidate this branch.

A full course of lectures on special and surgical anatomy will be delivered at such hours in the evening as will not interfere with the college engagements.

The Anatomical Rooms will be open every day, from 8 o'clock A. M. until 10 o'clock P. M. The Lecturer, or his Assistants, will be constantly present, to aid students in their dissections.

Students are not compelled to take their dissecting ticket in the colleges.

Fee for the whole course, \$10.

D. HAYES AGNEW, M. D., Lecturer,
No. 16 North Eleventh street.

DEMONSTRATORS.

J. T. DARBY, M. D. R. J. LEVIS, M. D.
ROBT. BOLLING, M. D. D. D. RICHARDSON, M. D.
WM. FLYNN, M. D.

151

TO PHYSICIANS AND DRUGGISTS.

A CORNER DRUG STORE, AN OLD STAND, prominently and pleasantly located, and doing a good business, will be sold low, with or without the property. The proprietor, a physician, has conducted the business for the last ten years, intends leaving the city, and would use his influence to secure the continuance of a respectable practice and custom to a worthy successor. This is a rare chance for a competent and industrious person. References of the highest respectability given. For particulars, address "Physician," care of

CHAS. ELLIS & CO., Druggists,
Philadelphia.

151-3t

PROSPECTUS OF VOLUME THIRD.

In announcing the commencement of the Third Volume of the MEDICAL AND SURGICAL REPORTER, in its Weekly Form, the Proprietors embrace the opportunity of returning their thanks to the Profession for the very liberal support they have given it. And they desire in an especial manner to acknowledge their indebtedness to their brethren in this city for the encouragement they have received at their hands. The eminent success which has so speedily crowned the attempt to establish a Weekly Medical Journal in the emporium of medical teaching and literature in this country, has fully vindicated our judgment in inaugurating the enterprise. Weekly publications conducted on the plan we have adopted—which have been so long popular in Europe—may be now considered as firmly engrafted for the first time on the medical literature of our country. The advantages of a weekly medical literature are so evident that we shall be content with a mere reference to them.

As an evidence of the favor with which the REPORTER has been received by the profession of the country and of its adaptation to meet the wants of the general practitioner, we would mention that we find, on reference to our books, that already there is not a State in the Union that does not furnish us with actual subscribers. New York gives us subscribers in eighteen counties; New Jersey gives us her almost undivided support; Pennsylvania gives us subscribers in thirty-seven counties, Virginia in sixteen, North Carolina in ten, Georgia in twenty-four, Alabama in ten, Kentucky in nine, Iowa in seven, Illinois in thirteen, Ohio in twelve, etc., etc. We mention these States as representing every section of the Union. In some towns, containing from three to half a dozen physicians, all of them are subscribers to the REPORTER.

The following is the plan of the work:

1. Original Lectures on Special Departments of Medicine and Surgery.
2. Original Communications.
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and schools of this and other cities.

4. Reports of papers read, and discussions had before Medical Societies.
5. Editorial Department, comprising—
A Weekly Domestic and Foreign Periscope.
Brief Reviews and Notices of Books.
Editorial Articles,
Correspondence,
Medical News.

The Communications which have been in course of publication since the commencement of the second volume

ON ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY,

will be continued, and will be found to increase in interest as they progress. They will be fully illustrated, and when those portions of the body are treated of that are the most liable to injury, they will be found to afford to the physician practical information that he will seek for in vain in the books. These articles, when completed, will make a most thorough work on Anatomy, and divest the subject of what have been regarded as its uninteresting features.

The Reports of *Hardy's Lectures on Diseases of the Skin*, which have been interfered with by the illness of Dr. Bolling, will be resumed soon. The Clinical Department, under the head of

ILLUSTRATIONS OF HOSPITAL PRACTICE,

will be sustained with vigor, and shall not be surpassed by any similar reports in this country. The reports of the clinical lectures will be taken down by a competent reporter, and then be submitted to the revision of the lecturers; and thus this department will be a true exponent of the teaching and practice of the most distinguished teachers of medicine in our country.

We shall give correct reports of the most important *Debates before our Medical Associations*, which will be found to convey much practical information in a very interesting and pleasant style.

The *Editorial Department* will receive special attention. Under it we shall discuss matters of general interest to the profession, publish home and foreign correspondence, and give a full weekly summary of MEDICAL NEWS. We shall also give increased attention and space to the

PERISCOPE DEPARTMENT

of the work, under which we shall give full summaries of Domestic and Foreign Medical Literature.

It will thus be seen that we propose to make the REPORTER a complete and PRACTICAL exponent of Medicine and Surgery in all their departments. To the full attainment of this object nothing that our means can command will be spared, and we confidently look to the profession for their countenance and support.

The REPORTER is issued every Saturday morning, each number consisting of twenty-four pages of super-royal octavo size, and printed with a clear type on good paper. There are two volumes a year, with index and title page. *The Volumes begin on the first of October and April.*

Terms.—The subscription price is \$3 a year, or \$1.50 for six months, payable in advance. Subscriptions must begin with and include a volume. *The REPORTER will only be sent to those who pay for it.* Notice will be sent to subscribers at the termination of their subscriptions. Current paper, postage stamps or gold, (firmly secured between cards or thick paper, and the envelope well closed,) will be received in payment.

The REPORTER can be supplied from the commencement.

Communications, Essays, Items of Intelligence, Biographical Sketches of distinguished men, etc., etc., are respectfully solicited.

Address "Editors of the Medical and Surgical Reporter," Philadelphia, Pa.

S. W. BUTLER, M. D., }
R. J. LEVIS, M. D., } Editors.



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1853.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

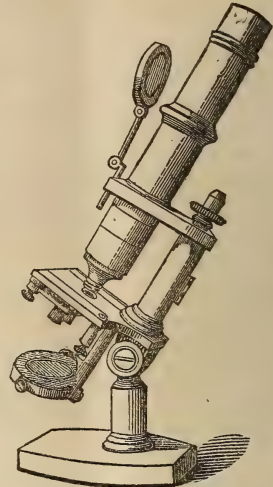
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—1y

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila



PHILADELPHIA SURGEONS'

Bandage Institute, (patronized by the Medical Faculty,) No. 14 (late 4) North Ninth street, West side, the Sixth Store above Market. B. C. EVERETT, Principal.

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett 126-y.

COLLECTING AGENCY.

THE undersigned will attend to the collection of Physicians' and Dentists' Accounts, House Rents, &c.

WM. M. DICKSON,

Agent for "Druggists' Circular," N. Y.; and Med. and Surgical Reporter, Philada., &c., &c. Address No. 432 Walnut St., Phila.

SCHÆFER & KORADI,

South-west Corner of Fourth and Wood Streets,

Have received—

HANDBUCH der RATIONELLEN THERAPIE vom heutigen Standpunkt wissenschaftlicher Forschung und klinischer Erfahrung für praktische und angehende Aerzte bearbeitet von Dr. Theodor Wittmaack. 2 vols. octavo, 1859. Price \$5.

NATHAN STARKEY,

MANUFACTURER OF

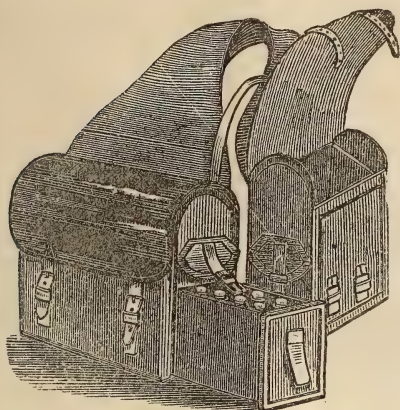
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 50
" 7, " 24 1 oz. " " "	10 50
" 6 & 11 " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " 4 " "	19 00
No. 3, " 48 " " 4 " "	17 50
No. 4, " 37 " " 4 " "	13 50
No. 5, " 32 " " 4 " "	12 50
No. 6, " 27 " " 4 " "	10 50
No. 7, " 20 " " " "	8 50
No. 8, " 15 " " " "	6 50
No. 9, " 14 " " " "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish.

118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments.

118

Sulphur and Medicated Vapor Baths.

THE EMINENT SUCCESS which has attended the use of these Baths in all the principal cities of Europe, and the desire which has been so constantly expressed by the profession, to have a place, containing the necessary apparatus and attention—has induced the subscriber to open an establishment for their special administration at No. 1121 Spruce street. The institution has received the highest approval and entire sanction of the most eminent practitioners of this city and New York. Such arrangements have been made, that separate Reception and Bath Rooms, and appropriate attendance, is to be given to the different sexes, and every other privacy, convenience and comfort afforded to each patient.

Visitors (especially professional) will at all times be warmly welcomed, and every explanation as to the working and application of the Baths cheerfully rendered.

The attending physician may be consulted, and the baths applied at all hours of the day or evening.

T. HOWARD RIDGELY, M. D.,

139

No. 1121 Spruce street.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no Instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
 Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
 H. L. Lodge, M. D., Professor of Obstetrics, University of Pennsylvania.
 Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
 Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
 S. Littell, M. D., Surgeon Will's Hospital.
 E. Hartshorne, M. D., " "
 A. Hewson, M. D., " "
 D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
 R. J. Lewis, M. D., " "
 Isaac Hays, M. D., " "
 P. B. Goddard, M. D., " "

118

COLLEGE OF PHYSICIANS AND SURGEONS

IN THE CITY OF NEW YORK.

SESSION OF 1859-'60.

THE ANNUAL SESSION WILL BE OPENED ON MONDAY, 17th October, 1859, and continued until the second Thursday of March, 1860.

EDWARD DELAFIELD, M. D., President.

JOSEPH M. SMITH, M. D., Prof. of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Prof. of Surgery.

CHANDLER R. GILMAN, M. D., Prof. of Obstetrics and Medical Jurisprudence.

ALONZO CLARK, M. D., Prof. of Pathology and Practical Medicine.

JOHN C. DALTON, Jr., M. D., Prof. of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Prof. of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOT, Jr., M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy.

Fees.—Matriculation fee, \$5. Fee for Professors' Ticket, \$105. Demonstrator's ticket, \$5. Graduation fee, \$25.

The Fall Course will be commenced on the 19th September, and continued until the opening of the Regular Course, as follows:

Anatomy of Heart and Arteries, by Dr. WATTS.

Meteorology as applied to Hygiene, by Dr. ST. JOHN.

Physiology of the Circulation, by Dr. DALTON.

Veneral Diseases, by Dr. F. I. BUMSTEAD.

Practical Surgery, Dr. E. ACOSTA.

Also, Four Cliniques a week, during the entire Session, by Drs. PARKER, CLARK, DETMOLD and ELLIOT. The full Course is free to the Students of the College.

The "Harsen Prize," a gold medal of the value of Fifty Dollars, besides not less than a hundred dollars in money, will be awarded to that Undergraduate of the College who shall prepare the best written report of the Clinical Instruction in the New York Hospital during any four months of the year immediately preceding the Annual Commencement in March.

The "Faculty Prizes," one of Fifty Dollars, one of Twenty-five dollars—will be awarded to the two best Graduating Theses, presented during the year.

145

ROBERT WATTS, M. D., Dean.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1859-60.

FACULTY.

T. L. BUCKINGHAM, D.D.S.

Professor of Chemistry and Metallurgy.

J. H. MCQUILLEN, D.D.S.

Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.

Professor of Mechanical Dentistry.

J. L. SUESSEROTT, D.D.S.

Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.

Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S.

Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.

[Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,

133 North Eleventh street,
Philadelphia.

J. M. MIGEOD,

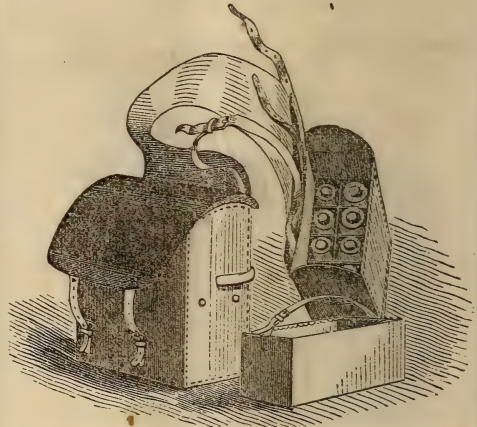
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " " "	\$9 50
No. 2, containing	10 1 oz. " " " "	
	10 1/2 oz. " " " "	8 50
No. 3, containing	8 1 oz. " " " "	
	8 1/2 oz. " " " "	7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " " "	9 50
No. 6, " "	16 1 oz. " " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " " "	9 50
No. 9, " "	16 1 oz. " " " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
	18 1/2 oz. " " " "	
	4 Pots, " " " "	and
	1 Mortar, " " " "	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
	14 1/2 oz. " " " "	
	4 Pots, " " " "	and
	1 Mortar, " " " "	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
	10 1/2 oz. " " " "	and
	4 Pots, " " " "	\$12 00
No. 4, containing	20 1 1/2 oz. Ground Stop. Bottles and	
	2 Pots, " " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9 1 1/2 oz. Ground Stop. Bottles,	
	18 1 oz. " " " "	
	18 1/2 oz. " " " "	
	4 Pots, " " " "	and
	1 Mortar, " " " "	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
	14 1 oz. " " " "	
	14 1/2 oz. " " " "	
	4 Pots, " " " "	and
	1 Mortar, " " " "	\$16 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
	14 1/2 oz. " " " "	and
	4 Pots, " " " "	\$13 00

126 y

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, } NO. 152. } PHILADELPHIA, SEPTEMBER 17, 1859. { NEW SERIES. } VOL. II. NO. 25,

Original Communications.

ANATOMY

IN ITS

RELATIONS TO MEDICINE

AND

SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 12.

LATERAL FACIAL REGION (continued.) Several eruptions though not peculiar to it, appear on this region. They are such as involve the cutaneous glands.

"Grubs."—When the oil glands are inactive, or their secretion modified, so that their tubes or ducts become distended, and the dust accumulates at the orifice of each, they form the grubs, vulgarly so called. If the gland be properly compressed between the fingers, its contents will be forced out in the form of a semi-solid cylinder, (a cast of the cavity of the gland), which with the little black speck on the extremity, does resemble somewhat, a worm or grub. In the matter however thus expelled a parasitic animalcule is frequently discovered. If the excretory orifice of one of these glands becomes closed or obstructed, the sac will become distended and thickened, forming an encysted tumor.

Acne.—When these oil glands become inflamed, little pimples are formed, the *acne simplex*. When following this inflammation, lymph is effused into the connective tissue of the vessels distributed over the gland sac, a circumscribed hardening is produced the "*acne indurata*." If the inflammation runs on to

ulceration, it will leave pale depressions or cicatrices somewhat analogous to variola. All these conditions occur about the period of puberty both in the male and female, and are a source of great annoyance. The explanation is probably to be found in the fact, that at this period the beard begins to grow which requires an active determination of blood to the capillaries of the hair glands, a condition favorable to congestion and inflammation of the associated oil follicles. As these eruptions originate from causes which operate on the system at large, the application of local agents is unwise and may be productive of serious consequences. When the sebaceous glands become too active, the surface of the face presents a shining greasy appearance, and the secretion collecting, drying and attaching to itself particles of floating dust will form flakes of stratified scales—"Seborrhagia." At the angle of the nose where these glands are large and numerous, this condition is very common.

Sycosis.—A conical red pimple with the hair shaft springing from its centre forms the sycosis of authors. It affects the hair gland, and as a parasitic plant is found surrounding the root of the hair; this has been regarded by some authorities as the cause of the disease. Whether the fungi however be a cause or a consequence of the inflammation cannot be as yet fairly determined. The elevation of the skin around the hair shaft will render the use of the razor improper during the existence of the disease, though the removal of the beard should not be neglected, which can be done by the use of scissors.

Superficial Fascia.—The superficial fascia of the lateral facial region is continuous with

that of the neck and side of the head. Along the course of the zygoma it is pretty firmly attached, so also to the cartilage of the ear. It is closely adherent to the skin, and in this respect resembles the connection between the skin and fascia of the scalp. It contains a considerable deposit of fat, especially over the canine fossa, and by its deep surface is united to the fascia or sheaths of the muscles of the face.

Practical Remarks.—The close connection between the fascia and skin determines in a great measure the nature of its inflammations, being prone to assume the erysipelatous form. So also will an abscess tend for the same reason very slowly towards the surface. The loose cellular connection and the abundance of the adipose constituents over the canine fossa makes this the most common location for purulent formations, and also the place where the greatest swelling will occur. The intimate union of the fascia with the skin above and the facial muscles beneath, enables the latter accurately to adjust the former into those lines which constitute expression. Wounds with much loss of substance or ulcerations from boils, or burns, in which the repair is effected by granulation, are prone to produce deformities of the eyelid, angle of the mouth, or alae of the nose. In all such accidents, the mobility of the facial integuments will admit of their being approximated in such a direction that the line of cicatrization shall be perpendicular to these organs, and thus greatly diminish the evil consequences of the resulting contraction. The naevi which are seen frequently in children are generally located in the vessels of this fascia.

Platysma Myoides.—A careful removal of the superficial fascia will expose some muscular fibres which belong to the platysma myoides. This layer like that of the fascia is continued up from the neck. They form a very well defined plane over the anterior half of the inferior maxillary bone, some of which are attached to this part of the jaw, others pass across to the opposite side of the chin, intersected by the muscle of that side: some become attached to the commissure of the

mouth, and others come forward to be lost in the superficial fascia, extending as high up as the malar bone, and as far back as the cartilage of the ear.

Practical Remarks.—All incisions which are not to extend beyond the depth of the superficial fascia should be made parallel with the course of the fibres of this muscle, otherwise there will be a tendency in the wound to gap. The transverse wrinkles which sometimes follow a phlegmon are produced by the destruction of some of its fibres, and the contraction of the uniting fibrous bond.

Deep Fascia.—This is continued also from the neck, but cannot be said to exist as a well defined layer anterior to the inner edge of the masseter muscle. After reaching the face, one layer is continued up over the parotid gland, “the *parotid fascia*,” while a second passes between that gland and the masseter muscle, “the *masseteric fascia*,” and above become connected to the zygomatic arch. Posteriorly the parotid fascia is attached to the cartilage of the ear, and in front turns round the inner edge of the masseter muscle, continuing back as far as the pterygo-maxillary ligament, or the fibrous line of connection between the superior pharyngeal constrictor and buccinator muscles, where it passes upon the latter thus returning upon itself, and is continued forward to the angle of the mouth under the name of the *buccinator fascia*. From the deep surface of that part over the parotid gland numerous processes descend through that body to the bottom of the parotid region, serving as a kind of frame-work for the gland.

Parotid Gland.—This, the largest of the salivary glands, is a compound racemose gland consisting of little masses united by connective tissue and supported by prolongations from the parotid fascia as described above. It not only fills up the space between the auricular cartilage and the ramus of the jaw, but extends from the zygoma above to a point below the level of the angle of the jaw overlapping the upper part of the sterno-mastoid muscle, and on the face extending some distance over the masseter muscle. A small cluster of lobules

comparatively isolated from the great mass of the body frequently exists below the anterior part of the zygoma in advance of the other portion, which is the "*glandula socia parotidis*." The deep relations of the parotid belong to another division of our subject, and will be described in their proper place. Seated sometimes upon, sometimes in this gland, are two or three lymphatic bodies which may be easily distinguished from the salivary by the contrast of color: the former being of a reddish brown.

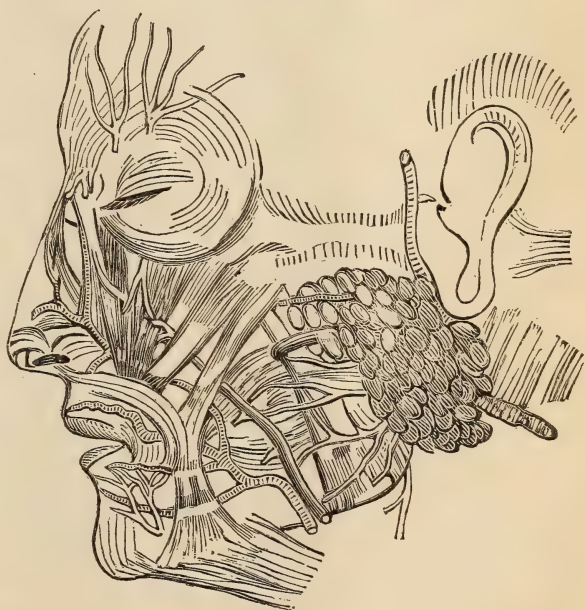
Excretory or Parotid Duct.—This is very generally known as the duct of Steno, though it was known and described first by Casserius. It is exterior to the deep or masseteric fascia; is seen to emerge from the anterior edge of the gland, about a finger's breadth below the zygoma, and crossing the masseter muscle turns around its inner edge, between it and the buccinator muscle which it pierces, and running a short distance between it and the mucous membrane of the mouth, opens into that cavity opposite the summit of the second molar tooth of the upper jaw. Just where it penetrates this muscle it is surrounded by a large mass of fat. This duct exceeds two inches in length; it increases in circumference from its origin to the point where it enters the buccinator, though its cavity is not correspondingly enlarged. It consists of three coats; a white fibrous, yellow or elastic fibrous, and an internal mucous coat surmounted by cylindrical epithelia. The blood-vessels of the parotid gland proceed from the external carotid which passes through the organ.

Nerves.—The facial nerve after emerging from the stylo-mastoid foramen traverses the parotid gland, and dividing into two trunks, *cervico-facial* and *temporo-facial*, which by the

communication of their branches forms a net work expansion, "the *pes anserinus*, over the masseter muscle, from which again pass off filaments in great numbers to all the muscles of the face; which they endow with motion. The communications of the facial nerve must not be overlooked, especially those effected exterior to the stylo-mastoid foramen. These connections are with the glosso-pharyngeal, pneumogastric, auriculo-temporal of the inferior maxillary branch of the fifth pair: with the cervical plexus through the auricularis magnus, and with the sympathetic through the carotid plexus. After the escape of the facial from the cranium, it also distributes branches to the muscles behind the ear, "*posterior auricular*," and to the digastric and stylo-hyoid muscles.

Above the orbit, below the orbit, and from the chin, nerves reach the face through the supra-orbital, infra-orbital and anterior dental

Fig. 17.



Explanation of part of Fig. 17.

The parotid gland is seen between the masseter muscle and the ear, extending from the zygoma above down upon the neck: its duct (Steno's) passing across the masseter to its inner edge: facial nerves crossing the same muscle. In front of the masseter the fibres of the buccinator muscle are seen passing forward in elliptical lines to the angle of the mouth.

foramina. These are the three terminal trunks of the fifth pair, which communicate freely with the facial nerves, and endow the face with sensation.

Practical Remarks.—The strength and connections of the parotid fascia and its fibrous prolongations will offer great resistance to the enlargement of this gland from any cause whatever, hence the products of an abscess may pass down into the neck, or through the perforations in the cartilage of the ear into the external auditory canal, and be discharged at the outer meatus. The union of the parotid with the masseteric fascia at the anterior edge of the gland, will serve to circumscribe its enlargements in that direction. The fibrous prolongations are the means of lifting the gland from its deep recesses, in certain of its diseases, by their contraction, and render its extirpation feasible.

The masseteric and buccinator fascia determine, in a great measure, the course of facial abscesses. If suppurative inflammation attacks tissues exterior to these, the matter will seek the cutaneous surface; if beneath these fasciæ, it will tend toward the buccal cavity.

An abscess over the masseter, beneath its fascia, should it not pass down towards the neck, will not extend forward further than its anterior edge, but directed by the arrangement of its fascia, may pass to its deep surface, as far back as the ramus of the inferior maxillary.

Enlargements of the parotid gland originate from several causes. Thus it may be a peculiar inflammatory condition, forming *mumps*, or this inflammation may be metastatic, translated from some other locality. The singular sympathy between this organ and the testes is very generally known. It may become enlarged from the existence of a fibrous degeneration. This change is essentially an inflammatory process. A plastic exudation is thrown out, infiltrating the cellular tissue of the gland, which becomes developed into new connective tissue, and which, by contraction and condensation, destroys, to a greater or less extent, the proper secreting constituents. They may

be the seat of scirrhus or medullary cancer; cartilaginous, or even osseous growths; never, it is asserted, of tubercle. Cysts are occasionally found distinct from the excretory ducts. The lymphatic glands of the parotid may take on disease, and by their growth or pressure, produce its destruction or atrophy.

An abscess of the parotid is often punctiform, that is to say, scattered throughout its substance in little spots, here and there coalescing. This is produced by the numerous compartments resulting from the arrangement of its fibrous frame-work.

There are certain phenomena attending such conditions as have been instanced, which we are now prepared to understand; such as twitching of the muscles of the face, or facial paralysis, by compressing the facial nerve by which it is traversed; extreme pain, from injury to the fifth pair; partial separation of the jaws, by excitation through the digastric branch, the digastric muscle having one attachment to the symphysis of the lower jaw; inability to move the jaws, or great distress in mastication, by its relation to the motor and sensory portions of the fifth pair; perversions of taste and difficulty in deglutition, by its communications with the glosso-pharyngeal; and dulness of hearing, by the gland in its enlargement, pressing together the walls of the cartilaginous meatus.

The ducts of the parotid gland present several abnormalities. A wound of the cheek may readily reach the gland or Stenonian duct, and if not carefully treated, result in a salivary fistula. If the course of the fibres of the buccinator muscle, which the duct perforates, be noticed, the propriety of dividing them crosswise will be very evident, inasmuch as such a division will secure, by their retraction, a patulous opening toward the buccal cavity; a fact which the sagacious Horner did not fail to notice, and on which depends the success of his operation in salivary fistula.

Salivary calculi may form in the parotid duct, and produce a fistula by ulcerating its way through its coats toward the cutaneous surface of the cheek. Dilatation of the duct

may occur, due to mechanical obstruction, and thus form salivary cysts. The parotid duct will admit of considerable distension, in consequence of its yellow elastic fibrous coat. Inflammation or irritation may extend along their mucous coat from the mouth, the one being continuous with the other, and produce an excessive salivary flow, as sometimes succeeds the use of mercury, or when irritating substances are taken into the mouth.

The mouth is said to become moist when one individual witnesses another enjoying some delightful article of diet, or luscious fruit. This results from the mental impression acting on the salivary and other glands of the mouth, through the carotid plexus, and the 5th pair.

In all operations on the lateral region of the face, the position of the parotid duct must be carefully borne in mind, that it be not wounded. By a reference to Fig. 17, it will be seen that its course will be indicated by a line drawn from the lobe of the ear to the anterior naris; and as it does not advance beyond the inner edge of the masseter, incisions can be carried with impunity almost to that situation.

Medical Education.

No. 1.

The condition of things, when the system of medical education which still obtains in the United States was first inaugurated, was very different from that now existing. It was then scarcely possible for any one to acquire from books any clear views in respect to either of the branches which enter into what may with propriety be received as a liberal scheme of the institutes and practice of the healing art. In the absence of the able and complete systematic treatises in every department of medicine that now abound, in which the actual state of knowledge in respect to each of these departments is clearly and faithfully set forth, and rendered accessible to every one who is master of the technical language in which they are couched, the student was forced to repair to the medical schools for a knowledge of everything that it was necessary for him to know to become an enlightened practitioner of

medicine, surgery or obstetrics. It was then the province and the duty of the medical professor to collect from every available source the doctrines and the facts appertaining to the particular department he professed to teach—to test the accuracy and truth of these doctrines and facts by the results of his own observations and reasoning, and to communicate them to his class in a course of purely didactic lectures. From no other source could this knowledge be obtained.

The inadequacy of such a course of instruction for conveying clear, accurate and definite views in respect to chemistry, anatomy, and operative surgery, was very soon found out, and the lectures began to be enforced and illustrated by chemical manipulations, dissections, operations upon the dead subject, and the application of apparatus and dressings to the living. Gradually attempts were made to illustrate the lectures on obstetrics by the manikin; those on materia medica by specimens of the drugs and medicines in common use; those on pathology by drawings and wax models; and those upon the external features and symptomatology of diseases, to a limited extent, by the same means.

The courses of lectures now delivered in our medical schools, on anatomy, surgery, obstetrics, chemistry, and materia medica, are probably as perfect in arrangement and illustration as need be. In respect, however, to those on the institutes and practice of medicine, much improvement and very essential modifications are demanded. A didactic course of lectures on physiology, and on general pathology, etiology and therapeutics, illustrated, as far as they can conveniently be, by well devised and well executed drawings and models, may with great propriety constitute a part of the curriculum of medical instruction. But in respect to the pathological anatomy of diseases, their symptomatology, their progress and terminations, their treatment, with the particular effects of remedies under particular conditions, and at particular stages of disease, it is certain that no clear, accurate and persistent conception of these can possibly be communicated by a course of mere didactic teaching, however

fully it may be illustrated by the best devised and most successfully executed paintings and models. It is a mere waste of a pupil's time to oblige him to hearken to a course of lectures in respect to what he can acquire, just as much, perhaps more, knowledge from books. Not that we believe books alone will convey to any one that kind and amount of instruction in respect to the symptomatology, pathognomony, course, termination and treatment of diseases, necessary to prepare him for a skilful and successful practitioner. All we mean to say is, that they will convey to the diligent student as much useful instruction on the subjects referred to, as the lecturer can in a mere course of didactic instruction.

The only way in which the requisite kind and amount of knowledge in respect to these subjects can be acquired, is through a proper course of strictly clinical instruction. To let the student examine and watch the sick in the wards of a well appointed general hospital, under the supervision, and in following the instructions and comments—the diagnoses and prognoses—the therapeutical directions of a competent clinical lecturer. To permit him personally to mark the daily changes which occur in the symptoms of each disease as it progresses to a favorable or unfavorable termination, under the effects of the particular course of treatment pursued, and, if death ensue, to notice whatever lesions are found to be present in the organs and tissues upon a careful autopsy.

The first important change demanded in the curriculum of medical instruction is, in our opinion, to do away with the present didactic course on the practice of medicine, and to introduce in its place a proper course of clinical instruction, the material for which will be found to a sufficient extent in either of the large general hospitals of the principal cities of our Union. Or should no hospital with wards adequate in size to supply material for a full course of clinical instruction be found now to exist, there would be no difficulty in instituting them in the neighborhood of any flourishing medical school. And as no school should be tolerated which cannot afford to its students all the means demanded for the fullest

and best course of medical instruction, let the doors of those that have not at their command the material for clinical lectures be closed without delay. Their extinction will leave no void that will be felt; or if felt, that will not be quickly supplied, and in an unexceptionable manner. Φ

Extreme Deformity the Result of a Burn wholly removed. Natural Functions fully restored.

By C. C. FIELD, M. D.,

Of Easton, Pa.

The case which I have to relate is one in which Samuel Lee, a youth of eight years, son of John Lee, of Phillipsburg, N. J., was recovered from the most shocking deformity caused by the overturning of a burning-fluid lamp in Feb. 1858. His clothes taking fire, the whole body was soon enveloped in flame; on examination it was found that one-half of his entire person was most severely burned, his right side to such an extent that his ribs were exposed, and the under portion of the arm on the same side had its muscles laid bare. Believing the case beyond the reach of medical aid, the parents contented themselves with affording him such temporary relief as was in their power, without consulting a physician. The raw surface of the right arm was allowed to come in contact with the burned side, the result of which was a perfect union; and in consequence of violent inflammation which set in, followed by extensive suppuration, the muscles of the injured side as well as their new covering were contracted to such an extent as to produce a semi-flexed condition of the body, causing the patient to present a very unsightly appearance.

Notwithstanding the recovery of the lad from any fatal results, it may be inferred from the above that the deformity occasioned by the fire was hideous in the extreme. In May, 1859, being consulted as to the possibility of correcting the deformity, I found the case in the condition above stated. Numerous surgeons had been consulted, who considered it unsafe to undertake any means of relief. We suggested at once the separation of the unna-

tural union caused by the fire between the arm and the side, to which the parents and patient readily assented. At this time the skin appeared more like blotting paper than natural cuticle, and consequently was not in the most favorable condition for an operation. Nevertheless, after a course of treatment had been pursued, as preparatory to the operation, the patient being placed in a proper position, we first introduced a small catling immediately below that portion of the pectoralis major muscle which forms the anterior boundary of the axilla, passing it rapidly through, until it emerged at that portion of the latissimus dorsi which forms the posterior boundary of the axilla; the instrument was then carried downwards, between the inner portion of the arm and side as far as the elbow, and one separated from the other; the arm was then carried upwards and backwards, and several unnatural attachments which extended deep into the axilla being separated, it could again be made to perform all its natural functions.

Two wounds resulted from the operation; the one nine inches in length and five in breadth on the side, and the other seven inches in length under the arm. These were brought together as accurately as possible by the interrupted suture and adhesive straps, water dressing being applied, and the whole supported by a roller. It being all-important to keep the arm upwards and backwards during the whole process of cure, for the purpose of preventing the slightest re-union, and also for correcting, if possible, the flexed position of the body, the following simple but effectual apparatus, devised by us, was made by an ingenious mechanic named John Firth, which answered fully every purpose for which it was designed. A splint, consisting of a number of pieces of flexible wood, secured by strips of India rubber, and inserted in a quilted cushion, in size extending from the axilla to the hip of the sound side, including in breadth all that portion of the body, was applied immediately after the operation and fitted with perfect accuracy. It was kept fixed in this position by a band or strap attached to each lower extremity and wound round the thigh; its upper

extremity was secured by tapes extending from a half-sleeve, as in Fox's apparatus for fractured clavicle, which invested the elbow and forearm of the injured side, and being carried upwards and backwards, the forearm resting upon the back of the neck, and being secured to the upper portion of the splint on either side of the shoulder, the whole answered the triple purpose of keeping the arm of the injured side upwards and backwards; affording every possible aid in overcoming the flexed position of the body, and at the same time rendering the splint secure to the person.

The apparatus answered every desirable end, and was the occasion of no serious inconvenience to the patient. An occasional opiate being administered, the sufferer was rendered quite comfortable and enabled to rest. Thus he continued until the fifth day, when profuse suppuration commenced, and sloughing of the integuments to the extent of several inches in breadth, and the whole length of the wound; in consequence of which his system became very much prostrated, rendering it necessary to support him with beef-tea, porter, &c. The condition of the wound was changed by the application, with a camel's hair pencil, of a solution of nitrate of silver and sulphate of copper, used alternately, daily; after which the parts were dressed with the ceratum plumbi subacetatis, with an occasional admixture of ung. hyd. nit. Under this treatment, the above-mentioned diet being continued, the wounds of the side and arm gradually healed, and the deformity subsided. The patient is at the present writing in perfect health; his arm being capable of all the motions natural to it, and his body wholly relieved of deformity.

We cite this case, both in consequence of the extent of the injury, and of the supposition by many surgeons that the deformity arising from extensive burns cannot be relieved, much less completely cured: in consequence of which they advise no special treatment.

—o—

An English paper reports a case of poisoning from eating the blossoms of the potato vine.

Translation.

ON THE

LARYNGEAL ASTHMA OF CHILDREN.

By the late C. CANSTATT,

Ordinary Professor of Medicine in the University of Erlangen.

(Being the section on that subject in his Pathologie.)

Asthma Laryngeum Infantum, Spasmus Glottidis, (Asthma Thyroideum of Kopp, Apnoea Infantum of Roesch, Laryngismus Stridulus, crowing disease of the English; [with an Italian and several German names;]) also, Asthma Millari Acutum, (spasmodic asthma of children.)

Translated from the German,

By B. H. COATES, M. D.,
Of Philadelphia.

[NOTE BY THE TRANSLATOR.—The following paper relates to a subject but little studied in the United States. Cases of all stages but the last are not uncommon, but we apprehend, are not often referred to the physician. Although the translator has had under his charge no instances of the termination by death here described, he has no doubt, both from analogy and from statements made to him, that some, perhaps many, of the very numerous deaths of children commonly included under the head of *convulsions*, are owing to this cause.]

Never has the uncertainty of nomenclature created a more incurable jumble than in the account of what is called Millar's asthma and the thymic asthma. It would be a useful task to pursue the history of all the names above recited, and of the meanings imposed upon them, back to their origin; as only by so doing can light be brought into a chaos otherwise so impenetrable. We have examined the subject in this manner as far as we were permitted by the limited sources at our disposal; we have carefully examined all the cases which we have been enabled to find in our literature, (and their number is not small,) and there is not room in this place to cite circumstantially the matter-of-fact documents for the views which we have found supported by experience. We believe, however, that we have, in these circumstances, gone to work so conscientiously in the case, that all those who travel by the same road will be led to similar conclusions.

The acute asthma of Millar undoubtedly owes its origin to a misapprehension. If we examine Millar's description of what he calls

the spasmodic asthma, one will be convinced without difficulty that he had nothing else in view but common croup. The first seeds of error were sown by Wichmann, ("who," as Joseph Frank says, "distinguished himself in error,") by the opinion that Millar had intended to describe a totally different disease from croup. Wichmann's diagnosis of Millar's asthma and croup is, however, at the present day, utterly unconformable to experience. The principal points of distinction which Wichmann predicates of Millar's asthma, such as the attack by paroxysms, the deficiency of plastic exudation, the sense of constriction of the breast, the deep-toned voice, the absence of cough, the success of musk as a specific, are referable in the highest degree to cases of spasmodic croup; and, in fact, the most competent practitioners, as Underwood, both the Alberses, J. Frank, Joerg, and others, acknowledge that an asthma Millari, which agrees with Wichmann's description, is a thing which they have never seen. If we examine the cases which have since been recorded as instances of this disease, there are but few found exhibited which display a form of disease sharply distinguished from croup and from the asthma of Kopp. Most generally the success of antispasmodics has passed with the observers for conclusive evidence of the presence of Millar's asthma; and yet no one has denied the important share which spasm has in the majority of cases of croup, and in some cases particularly, by means of which the efficacy of antispasmodics is quite simply explained without the necessity of taking refuge in the assumption of a new and peculiar form of disease. If, however, some partisans of Millar's asthma cite the absence of fever as an essential character of this disease, distinguishing it from croup, others again concede (because experience taught them so) that fever may be present in it; and exactly by this means the identity of these cases of so called asthma with croup, is clearly demonstrated.

A circumstance remarkable to the unprejudiced inquirer who seeks from history to be freed from his doubts, is the constant decrease of the number, in the archives of science, of

the cases set down as asthma Millari since the time when the asthma of Kopp became fashionable in Germany, and laryngismus in England; and we are in the firm conviction that much that is at present current under these names, would, at an earlier day, have been considered Millar's asthma. Finally, in order not to place too much confidence in what had been taught us by the sphere of our own experience, we have inquired of many of our colleagues whether they had been in this respect more fortunate than we, and had had an opportunity of witnessing a real case of Millar's asthma. The answer always proved to be negative.

We hence find ourselves compelled to consider Millar's asthma, in all cases which do not belong to spasmodic croup, as one and the same with what is called Kopp's asthma. That the spasm of the glottis, which is fundamental to both of them, sometimes occurs only once or a few times, is sometimes repeated, and in these cases of repetition may produce a disease of a chronic course—appears to us to be no adequate reason to hold these diversities in the course of the disease as morbid forms distinct from one another; although we are not debarred from designating cases of the first class as asthma laryngeum acutum, and the others as asthma laryngeum chronicum.

Anatomical Characters.—Great pains have been taken to find, in the bodies of children who have died of laryngeal asthma, alterations by which the phenomena during life may be explained. Kopp believed that he had found such an organic basis in the hypertrophy or enlargement of the thymus gland, and many, as Brunn, Kornmaul, Hirsch, Fingerhut, and others, confirmed Kopp's statement. The thymus gland, which ordinarily, from the first to the eighth year of age, is about $2\frac{1}{2}$ inches long, $1\frac{1}{2}$ inches wide, and 4 lines thick, and weighs about 250 grains, can increase to any dimensions, principally in thickness, acquire a weight of from 6 to 14 drachms, spread upwards against the trachea, can narrowly enclose the latter as well as the great thoracic vessels, and those of the neck, with the nerves of the vicinity, thrust back the lungs and cover

the pericardium; and at the same time its texture may be normal, or thickened, hardened or degenerated. That these alterations occur there can be no doubt; as little can it be questioned that they are but unfrequently accompanied by symptoms of laryngeal asthma. But it is equally certain that instances are very abundant in which the alterations of the thymus gland, stated by Kopp and others as constant, are wanting; that there has even been found, in such cases, an atrophy of this organ, (Thierfelder;) that the thymus can be enlarged without asthma being present, (Astley Cooper;) and that consequently the appellation, asthma thymicum, is incorrect, because it rests upon an assumption not valid for all the cases. According to Rokitsanski, the anomalous development in size of the thymus almost always coincides with an obvious predominance of the whole system of lymphatic glands, with rhachitis, and with hypertrophy of the brain.

Hugh Ley believed that he had found the organic cause of the laryngeal asthma described by him under the name laryngismus stridulus, in a swelling or degeneration of the glands that pressed upon the recurrent nerve; an admission which, if even correct for some cases, is disproved in a preponderating number of observations, in which such an alteration of the glands was absent.

Other observers seek the cause of asthma laryngeum in hyperæmia, dropsy, or softening of the brain; and it cannot be denied that there is sometimes found one or other of these conditions in the subject; and there are even cases in which the phenomena during life already lead us to conclude on the existence of disease of the brain: but these cases are insulated; the disease of the brain is often only a secondary one, and stands exactly as little in constant connection with asthma laryngeum as the organic alterations already enumerated.¹

¹ According to Marshall Hall, this asthma is a lesion of the reflex action of the excito-motorial system. The reflex irritation may issue from the nervus trigeminus, (irritation of the teeth,) from the nervus vagus, (gastric irritation,) or from the spinal nerves, (intestinal irritation;) or the exciting causes, such as the passions, anger and the like, may act

Finally, there have been found, in single cases of asthma laryngeum, tubercles and abscesses in the lungs, bronchial glands which pressed upon the trunk of the nervus vagus, enlargement of the heart, an unclosed condition of the foramen ovale, and far more frequently, with the exception of the ordinary effects left by suffocation, a total absence of pathological alteration of any organ whatever.

It is by this time clear, from these results of morbid anatomy, that the asthma laryngeum, like the thoracic asthma of later life, may partly be connected with various anatomical alterations, but can take place partly without any visible organic basis. The thymus gland, however, is apparently an organ supplementary to the lungs in the fœtal state; and, if we consent to give way to a hypothesis, the enlargement of the first named organ, which so frequently occurs, admits of being ascribed to the circumstance that, in consequence of the asthma, the respiration continues to exist in an imperfect stage of development.

Symptoms.—The pathognomonic symptom of asthma laryngeum is a sudden and forcible interruption, a holding in of the breath for some minutes, after which the children resume respiration with a crowing inhalation called *juchschrei*, (huzzaing scream.)

The asthma laryngeum has distinct grades; and we can distinguish, as groups of symptoms of lesions in other organs are associated in its course, several periods in the disease.

The lowest grade of spasm of the glottis, that which, in common life, is termed "losing the breath," "crying out of breath," "screaming behind their breath," (*ausbleiben, athem-weinen, hinterm athem schreien,*) in children, is an affection which many observers, as Hachmann, are in the wrong in wishing to distinguish from the peculiar asthma of Kopp;

but it is easy to observe the frequent passing over of this lower grade of the disease to a higher one. The "loss of breath" principally occurs in passionate children, from the ninth month upwards; and, at first, only happens when the children are violently enraged or scream violently. The attacks, which are always over repeated, recur every eight or fourteen days, or are absent for whole months.

In the higher grade of the disease, the spasm comes on suddenly—generally on awakening from sleep, or after passion or fright, or through screaming or laughing, or what is called swallowing the wrong way in drinking, or after cold-catching; frequently without any ascertainable cause. The commencement of the paroxysm is exhibited by a whistling, extremely shrill inhalation, sometimes repeating itself by short, quick, generally forcible draughts of breath, the tone of which is crowing, and betrays a painful passage of air through a much constricted orifice of the glottis. The shrill cry is also interrupted by an entire stoppage of respiration; with the violence of the efforts, the children gasp for breath, and become pale and bluish; a cold sweat drops from the forehead, and the pulse becomes small. At length, after a duration of from half a minute to ten minutes, the spasm disappears, and the breath returns to its course with a violent, screaming, clear-toned, crowing expiration, and a still continuing crying spell. After this episode, the children again look terrified, commonly soon fall asleep, and awake well, with some fatigue. Their health, in other respects, is undisturbed; there are observed, in the child, neither catarrhal, febrile nor inflammatory symptoms. In a few exceptions, is cough or permanent derangements of respiration present in the intervals between the attacks; the appetite continues good, and only occasionally is digestion disturbed, the abdomen distended, and diarrhœa present. The attacks are at first rare, and often occur only in the night, after the first hours of sleep: they gradually become more frequent, and may finally be repeated 10, 30, or as far as fifty times in the day.

directly upon the nervous centres. The exciting irritations operate backwards through the medulla oblongata, on the *recurrens vagi*, and on the intercostal and diaphragmatic branches. Effusion in the brain is not a cause of the spasms, but a consequence. (See Cohen; in *Canstatt's Jahrbuch* for 1842, Bd. 1. s. 484.)

As the disease makes further advances, there are now associated with the loss of breath, symptoms which have been pointed out as characterising the second or convulsive period. Not uncommonly, the disease is first recognized with the accession of this new series of phenomena. The spasm of the organ of breathing now acquires extension over other parts which receive innervation from the brain and spinal marrow. During the attack, the muscles become rigid, the joints of the hand and foot bend inwards, the thumbs are drawn inwards, the hands are doubled up, and, when forcibly opened, return to their former condition, the spine is bent backwards, the eyes are fixed and staring, and turned upwards, the urine and feces escape involuntarily, the tongue issues forward from the mouth, and hangs down extended over the under lip, the contractions of the heart are irregular, intermittent, the extremities cold, the features distorted.

In this period of the disease, convulsive symptoms, cramps of the extremities, introversion of the thumb, &c. sometimes immediately precede the spasms of the glottis. Now also the intervals between the paroxysms no longer continue free from morbid appearances; the children remain pale, fatigued, and sleepy, for a longer period after the attack, and become fretful and infirm, their sleep is restless and interrupted by frequent fits of terror, the pulse and respiration are permanently accelerated, a permanent circumscribed redness is observed in the cheeks, the forces constantly decline, and there appears a well marked hectic fever.

We have still to mention some symptoms which, as they are not adduced by all observers, appear not to be constant. Graf has remarked, in three cases, that the outbreak of the difficulty of breathing was preceded by a remarkable inclination to swallowing the wrong way and screaming, with particularly long respiration, and which soon passed over; and also by attacks, which intermitted for whole days, of a painful and laborious breathing, and a peculiar irritability. Caspari also mentions, as precursors, restlessness, screaming, fits of terror and of flatulency. Landsberg had observed, in the first 14 days, mild tonic spasms, and discharges by

stool remarkably dry and globular. Sometimes the attack is preceded by a rattling in the trachea. Kopp mentions, as one the of the characteristic signs, a protrusion of the tongue; but this, as Hirsch, Hachmann, and Albers remarked, is not always present, and Landsberg has often found it in children who exhibited no trace of asthma. According to Fingerhut, who is an adherent to the thymous origin of spasms of the glottis, percussion exhibits a dull sound along the whole sternum, and transversely far on the left side; and throughout exactly the same extent, on the anterior surface of the thorax, the murmur of respiration is absent. According to Kopp, beyond the incidents of the pulsation of the heart, nothing distinct is to be perceived. On these, Fingerhut makes no further comment than their small extent beyond the sternum. These indications, derivable from percussion and auscultation, are not observed by Wutzer, Kyll, and Roesch. Kyll remarks that, he had frequently missed the respiratory murmur in the space corresponding to the thymus in children who did not labor under hypertrophy of that organ, and who were generally in perfect health. The impulse of the heart, which in healthy small children, is mostly hard to feel, affords just as little any determinate symptoms. A swelling of the thymus capable of being perceived by the touch, as spoken of by Allan Burns, Kyll has also been unable to find. According to Caspari, there is observed, in the convulsive period, even during the intervals between the paroxysms, a spasmodic contraction of the lumbricoid muscles and of the adductor of the thumb, by means of which the hand acquires a convex deformity, such as is produced by organic gout.

(To be continued.)

—o—

Dr. Eve, in a letter from Paris to the *Nashville Journal*, says that Nélaton has under treatment "a case of umbilical urinary fistula. The urethral stricture, its cause, has been removed, but some urine still passes in spite of a large truss covering the umbilical region." We suppose this is what is usually termed *visico-urachal fistula*.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. F. Meigs.

(Reported by Mr. J. B. Hayes.)

Diseases of the Alimentary Canal—Two Cases of Chronic Diarrhoea.—1. The history of this patient is as follows:—He is 31 years of age, and was admitted to the Pennsylvania Hospital on the 24th of August. He was in Mexico in 1848–50, and there contracted a Mexican diarrhoea which lasted six or seven months. It was one of those climatic diarrhoeas which remain a long time, and are extremely liable to recurrence. He was at sea in June, and fed on a restricted, meat diet. When admitted he had 10 or 12 discharges a day, like thin gruel, with no blood.

His aspect was that of a tuberculous patient, which induced Dr. M. to examine him with care, in order to detect, if possible, the existence of any lurking cause of the diarrhoea.

Dr. M. remarked that, when called to take charge of a case like this, we should examine all the organs of the abdomen. Upon exposing it in a recumbent position, it was observed to be not badly shaped or shrunken; it was moderately full. By palpation no tumor like that of an enlarged organ could be felt in the left hypochondriac region. Certain forms of diarrhoea—that of leucocythæmia—were connected with enlargement of the spleen; it was not enlarged here. The right side was also natural; the liver was of normal size, and nothing unnatural could be detected by the touch over the abdomen. There was no soreness or pain of any consequence.

Percussion under the clavicles showed some difference between the sides, being a little less sonorous, and the resistance to the finger a little greater, on the left side.

By *auscultation* no material difference could be observed. The patient denied having had a cough. The tongue was smooth, glazed and red, characteristic of chronic diarrhoea or dyspepsia, and there were aphthous ulcerations of the mouth and lip, showing a condition of erythematous inflammation of the buccal mucous membrane.

Although on examining his chest, Dr. M. could not find such signs of tuberculous disposition as to make him positive of its existence, yet taking into consideration his long illness, debility, huskiness of voice, emaciation, and physical thoracic signs, it was very probable that he had such disorder. There was, beyond any doubt, in this case, chronic inflammation of the colon, with ulceration and thickening of the mucous coat.

Treatment.—It was important, for the cure of this

disease, to give the patient a very correct diet—much more important than medicine. To put into his stomach hot toast, watermelons, shell-barks and almonds, or such crude stuff, would leave behind residua which could not but irritate the intestinal tube. The diet should be such as to avoid this, and nourish the body as well as possible. Dr. M.'s experience had taught him that the best diet in such cases was *milk*. Milk and arrow-root had been ordered for this patient. Occasionally a patient will be found in whom idiosyncrasy might prevent the use of milk; but persons sometimes fancy that they are the subjects of such idiosyncrasy because on going into the country, they have drank immoderately of milk after eating a full meal, and when this indiscretion has been followed by sickness, they have erroneously attributed it to the milk. In such cases, if you will make them take the milk alone, you will seldom fail in overcoming their dislike to it. To illustrate the value of this article of diet, Dr. M. related some striking instances of the cure of dyspepsia and gastrodynia, when every remedy had failed, by the persevering use, for months, of milk and arrow-root, and of mush made of unbolted wheat, taken with a teacupful of cream.

This patient, on his admission, in addition to his diet, required some special treatment to combat his diarrhoea. He took at first *ol. terebinth.* and *tinct. opii*, aa. *gtt. x.*, every four hours, and a suppository of two grains of opium was every night placed in his rectum.

He became decidedly better; his discharges were less frequent. A few days ago he came to a standstill, and was ordered—

R Quinæ sulph.

Ferri sulph. aa. gr. jss. M.

To be made into a pill, and one given before each meal. Also, the following powder, to be taken about two hours after each meal:

R Acid. Gallici. gr. iij.

Bismuthi subnit. gr. v. M.

His discharges are now of better consistency—like mush—seven or eight a day.

2. A lad, *æt. 19*; admitted 11th of August, with diarrhoea; general health has always been good; last fall had intermittent fever, followed by dysentery, which became chronic; had 10 or 12 discharges a day, and would occasionally become costive.

At Havana, this Summer, he had a relapse. When he came here he had 12 stools a day, thin and mucous, varying in quantity, with tenesmus. He looked thin and paler than at present. His tongue was red and shining. He had a moderate appetite, and no fever. There has been no cough, and no appearance of tuberculous inclination.

Treatment.—He was put upon the simplest food, nothing but milk and arrow-root. He took the turpentine and laudanum, in the same dose as the patient above mentioned, and has come down to two or three stools a day. His tongue is now smooth and soft, and has lost its red look. The turpentine is now suspended, and he takes, as a tonic, the following pill three times a day.

R Quinæ sulph. gr. i.
Ferri pulv. gr. ii. M.

He now has mutton chop and rice for dinner. His may be looked upon as a very satisfactory cure.

Diet.—Dr. M. remarked:—This subject of diet is so very important that I have been anxious to give you a striking example of its power over health, and have selected a few statistics from the Foundling Hospitals of France. At each of three institutions, those of Paris, Lyons and Rheims, multitudes of new-born children are received, and at each a different plan of treatment is pursued.

At Lyons, each infant is given to a wet nurse, and immediately taken out into the country. At Rheims, the stay in town is equally short, but they are fed by hand. At Paris, the stay in the city is longer, but they are suckled by nurses. Now observe the mortality.

At Lyons 33.7 per cent. die in the first year.

“ Paris 50.3 “ “ “ “ “

“ Rheims 63.9 “ “ “ “ “ “

The natural mortality over the whole country of Belgium, where the statistics are carefully recorded, is about 22 per cent. during the first year. In our own cities it is about 25 or 27 per cent.

At X—, France, out of 244 children, 80 per cent. died at the end of the first year. All were hand-fed.

In Paris, M. Valleix found that infants fed on flour without milk died in large numbers of chronic enteritis and thrush.

Disease of Aortic Orifice.—This patient, a middle aged seaman, was struck upon the head with a bucket upon shipboard, and complained of severe pains in the right side of his head. He had no vomiting, no fever, nor disturbance of the pulse, and Dr. M. was disposed to think that there was no meningeal inflammation, but that the pain was of a neuralgic character. He was apparently in good health.

He was exhibited to the class to show the visible pulsations of the large arteries, especially of the carotids, subclavians, and brachials of both arms. These were observed to swell with a tortuous course, at each pulsation of the heart, like the vermicular movements of a worm.

Four years ago he was seized with a violent ill-

ness, which was supposed to be pleurisy; no doubt endocarditis was connected with it. Since then he has been at sea, performing the ordinary duties of a seaman, even going aloft.

Percussion reveals a marked increase of dulness over the præcordial region. It extends from the second costal interspace downwards, and from the right edge of the sternum out beyond the vertical line of the left nipple. This depends upon enlargement of the heart, not on effusion into the pericardium, for the apex-beat is distinct, and the sounds are loud and strong.

By *auscultation* a double blowing sound is heard over the aortic orifice.

Dr. M. here exhibited to the class drawings explanatory of his remarks, from Mr. Francis Sibson's valuable work on Medical Anatomy, and dwelt upon the causes and position of the *bruit de soufflet*, as heard in the patient.

(His remarks were interrupted by the expiration of the hour, and will be concluded on the next clinical day.)

Editorial.

MEDICAL EDUCATION.

This subject is exciting, as it should, the medical mind of this country. That there is a necessity for improving the standard of medical acquirement is so apparent, and so universally admitted, that it has become the hobby on which some newly projected medical schools, particularly of the lower order, endeavor to ride into popularity, just as quacks seek after, and announce that they have discovered, specific remedies for the cure of diseases. It has been the one great question of absorbing interest at all the meetings of the American Medical Association, and we believe that good has resulted from the efforts of that body to elevate the standard of medical education, and confidently look for still further advances through its influence.

The only way in which this object can be attained in our country, is, in accordance with the genius of our institutions, by enlightening the professional mind, by discussions in our periodicals, and before our medical societies. The object of these discussions is to lead to the adoption of some *law* which will be an ac-

knowledgeable guide to the profession; for the absence of law is anarchy, alike in medical teaching as in civil affairs. But law, in our country, to control the profession, must emanate *from* the profession, for it cannot emanate from the State, which, when it undertakes to legislate on medical matters, practically, first or last, puts scientific medicine and every form of pretension on the same footing.

It is therefore with great satisfaction that we see a growing disposition in our medical journals, and at our medical society meetings, to discuss this subject, and care not that these discussions do not always accord with our own peculiar views, for though they seem important to us, they may not meet those of a majority of the profession of the country. For these reasons we feel much interest in a series of articles in course of publication in the Nashville Record of the Medical and Physical Sciences, and we hope that those articles will attract the attention of the profession. At a proper time we propose to review the positions taken by their author—understood to be Prof. Daniel F. Wright—and to maintain, if possible, those which we have heretofore advocated; and having done so, leave the matter in the hands of the profession.

There are several questions of interest in this connection, which it is our purpose to call the attention of the profession to, unless rendered unnecessary by the labors of others, and it is with peculiar satisfaction that we present in this number the first of a series of communications on the subject of medical education, from the pen of one who has for many years taken great interest in everything relating to the advancement of medical science in our country. This discussion, we have reason to believe, will be participated in by other first class medical writers, whom we have requested to take part in it; and we trust that, inasmuch as some very important reports are to be made to the American Medical Association at its next meeting, bearing on medical education, and the best means of elevating the status of the profession, other journals and other writers, whatever may be their views, will thoroughly agitate the

questions connected with both during the months that intervene between the present time and the next meeting of the Association at New Haven.

 Read the PROSPECTUS.

Periscope.

The use of inhaling apparatus for the administration of anesthetics, in London, Dr. Chisolm says, is more for the object of answering the annoying inquiries of the jury, should any accident unavoidably happen, than from any security which it may possess.

Ascarides.—Dr. Compérat, we learn from the *Med. Times and Gazette*, recommends the following cure for ascarides, which has never failed in his hands. "It is a simple injection of water, containing from five to twenty drops of sulphuric ether, according to the age of the individual, and repeated more or less frequently, according to the number of the animals present. This agent he says has a double advantage. By its subtilty it readily enters into and destroys the larva, and by its antispasmodic powers it allays the spasmodic and nervous symptoms produced by the animals."

It must not be forgotten that cold water injections are themselves beneficial in this troublesome complaint. We have ordered them with much benefit, and in very obstinate cases have, in combination with them, found great satisfaction in the use of the following pill, taken after dinner and at bed-time:

R. Pulv. aloes, gr. ij.
Assafoetida,
Santonine, aa gr. j. M.

Homœopathic Vaccination.—Mr. R. Druitt, in the *Medical Times and Gazette*, publishes a case showing the inefficacy of homœopathic vaccination—that is, by *swallowing* infinitesimal doses of vaccine matter! We can hardly conceive what necessity there was for publishing a fact which would seem to be so self-evident.

Mr. Quekett's Lecture Room.—Dr. Chisolm, in a letter from London to the *Charleston Med.*

ical Journal, gives the following account of Mr. Quekett's method of teaching microscopy:—"The entire front wall is covered with diagrams, colossal figures of microscopic specimens in his possession. In front of him is a long table, upon which stand ten of Beck & Smith's best microscopes, each having a stand for itself, together with an argand burner, and a bull's-eye condenser; also, a card naming the specimen under observation, and the magnifying power. Immediately in front of each row of seats is a semi-circular railway, connected by wings to his table, the central depot; and as a specimen is lectured upon, or a portion of the lecture requires elucidation, an attendant rolls the microscopes upon this rail, from one to another, until, without noise or confusion, the entire assembly have examined for themselves the natural specimens, drawings of which they had previously seen."

Dr. Chisolm gives, in the *Charleston Medical Journal*, the following account of an operation he recently saw in the great Civil Hospital in Milan:—"I saw an aneurism of the popliteal vessel, produced by a ball, operated on very unscientifically by the head surgeon of this great hospital. After the incision through the skin, for which alone he used the knife, he continued and completed the dissection with scissors, making necessarily a most tedious operation. Scarpa's triangle was selected as the seat of ligature."

Medical News.

Humboldt's Library.—We see it stated that Humboldt's Library has been purchased for 40,000 thalers by Lord Bloomfield, minister of England at Berlin. It had previously been announced that the library had been purchased by Mr. Wright, the American Minister at Berlin.

The Cholera.—This disease is steadily advancing through Germany, westward. In some of the villages the harvest operations have had to be suspended for want of hands. At Hamburg the disease carries off sixty to seventy persons a day. Two cases have occurred at North Shields, England, one of which was brought from a Hamburg steamer with the premonitory symptoms of the disease, and the other occurred in the house where the first died.

"Dr. D. M. Reese, *late* one of the Vice Presidents of the American Medical Association," *later* a culprit before the same body, and *latest* a humiliated apologist, has forgotten his penitence, and is again at his old tricks.

He now sustains his rich advertising patron, Marsh, the patent truss dealer.

This is the man who has made a fortune by selling trusses for *thirty dollars*, and recently received the honorary degree of Doctor of Medicine from the Castleton Medical College.

Dr. Reese asserts that Marsh is a learned man. His specialty is *hernia*, on which it may be assumed that he knows more than on any other subject. To show that our assertion of his ignorance is correct, we present a few of his ideas on hernia, from a pamphlet published by him. He says that hernia is a descent "through one of the natural openings on either side of the penis."

* * * "The wall of the belly at the groin, through which the most frequent variety of rupture passes, is composed of three layers, precisely like the layers of an onion." * * * "Directly beneath the fat under the skin appears a whitish membranous sheath or envelope for the whole body and thighs, called by surgeons a fascia or scarf. It covers the muscles which steady and bend the body and move the thighs, and keep them firmly in their places; this is the first layer under the skin. Surgeons call it the *superficial fascia*. Through this membrane, on each side of the penis, are two natural openings or pointed slits; through these slits the rupture passes."

The whole pamphlet evinces the same ignorance of the subject, but we have given enough of it to show his claim to his degree, and the disinterestedness of the Castleton Medical College in conferring it.

Pulmonary Illumination.—Dr. J. W. Singleton says, in an article on "Conservative Practice," in the *Nashville Journal*, that "Dr. Flint, of Buffalo, has thrown more light upon pulmonary disease than any ten men in the western continent."

It must be *gas* light. Dr. S. can supply him with material for the illumination, such as the following luminous paragraph:

"The march of our brave army against disease and pestilence must be onward! onward!! to the very portals of eternity; and there pitching our tents and erecting our batteries, our faithful guardians of mortal weal should pace their tireless round upon the narrow confines that separate time from space!"

Lost Record.—We learn from our friend Dr. Wilson Jewell, Chairman of the Committee on Bills of Mortality of the Board of Health of this city, that the volume of printed annual statements of the births and deaths of Philadelphia, from 1807 to 1855, has been taken from the Health Office, either intentionally or through mistake. This is a valuable public document, and its loss is rendered more serious, from the fact that there is no duplicate in possession of the Department of Health.

In connection with the above, we have understood that a gentleman, believed to be from New York State, who was in our city a year ago collecting medical statistics, called at the Health Office, and was allowed the privilege of using the said volume. Since then, the record has been missing. Should this notice come to his knowledge, he may, perhaps, be able to afford some information as to its whereabouts.

American Quackery in England.—Some graduates of the "Metropolitan Medical College of New York," a quack concern, got up to all appearance to grind out Thomsonian grist for England, have held a meeting in relation to their standing under the new English Medical Registration Act. They claim that because hundreds of graduates of English colleges are practising in America, with the same freedom as though they had graduated at any of our (!) colleges, they, being less than twenty in number, ought to be allowed to practice in England on the strength of the diploma of the "Metropolitan Medical College." We trust that these quacks will be ruled out of the register, for we can assure the profession of England that they hail from no respectable source in this country.

An effective improvement in the Spinal Supporter has been accomplished by Dr. McClenachan, surgical bandage maker, etc., No. 50 north Seventh street. Its surface of support is partially taken from over the line of the iliac crest, and its lightness and adaptability to the form of the patient give it advantages over the instruments which have been ordinarily in use for the purpose.

MARRIAGES.

WILSON—TILTON.—July 20th, Dr. Jno. Eberle Wilson, of Sarcoxie, Jasper Co., Mo., to Miss Eliza S., daughter of Col. Jas. I. Tilton, of Newton Co.

PHILADELPHIA SCHOOL OF ANATOMY,

At the Upper End of College Avenue,

Entrance from Tenth st., between Market and Chestnut sts.

WINTER ANNOUNCEMENT.

The Winter Term in this old established Institution will commence on the 1st of September, and continue until the 1st of March.

The opportunities for prosecuting Practical Anatomy are equal to those in any of the Colleges.

There are *two large dissecting rooms*, well ventilated and amply supplied with gas, water, and material. Lecture rooms, and anatomical museum, provided with everything necessary to elucidate this branch.

A full course of lectures on *special and surgical anatomy* will be delivered at such hours in the evening as will not interfere with the college engagements.

The Anatomical Rooms will be open every day, from 8 o'clock A. M. until 10 o'clock P. M. The Lecturer, or his Assistants, will be constantly present, to aid students in their dissections.

Students are not compelled to take their dissecting ticket in the colleges.

Fee for the whole course, \$10.

D. HAYES AGNEW, M. D., *Lecturer*,
No. 16 North Eleventh street.

DEMONSTRATORS.

J. T. DARBY, M. D. R. J. LEVIS, M. D.
ROBT. BOLLING, M. D. D. D. RICHARDSON, M. D.
151 Wm. FLYNN, M. D.

TO PHYSICIANS AND DRUGGISTS.

A CORNER DRUG STORE, AN OLD STAND, prominently and pleasantly located, and doing a good business, will be sold low, with or without the property. The proprietor, a physician, has conducted the business for the last ten years, intends leaving the city, and would use his influence to secure the continuance of a respectable practice and custom to a worthy successor. This is a rare chance for a competent and industrious person. References of the highest respectability given. For particulars, address "Physician," care of

CHAS. ELLIS & CO., Druggists,
Philadelphia.

151-3t

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1859-60.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSET, M. D., " Surgery.
WM. HEMBEL TAGGART, M. D., " Materia Medica.
JAMES AITKEN MEGGS, M. D., " Institutes of Medicine.
WM. H. GOEBRECHT, M. D., " Anatomy.

THEODORE A. DEMME, M. D., Demonstrator of Anatomy.

The Session of 1859-60 will commence on Monday, 10th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the 1st of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in the city.

FEES.

Matriculation (paid once only)	:	:	\$ 5 00
For each Professor's ticket	:	:	15 00
Graduation	:	:	30 00

LEWIS D. HARLOW, M. D., *Dean*,
No. 1023 Vine, below 11th Street.

PROSPECTUS OF VOLUME THIRD.

In announcing the commencement of the Third Volume of the MEDICAL AND SURGICAL REPORTER, in its Weekly Form, the Proprietors embrace the opportunity of returning their thanks to the Profession for the very liberal support they have given it. And they desire in an especial manner to acknowledge their indebtedness to their brethren in this city for the encouragement they have received at their hands. The eminent success which has so speedily crowned the attempt to establish a Weekly Medical Journal in the emporium of medical teaching and literature in this country, has fully vindicated our judgment in inaugurating the enterprise. Weekly publications conducted on the plan we have adopted—which have been so long popular in Europe—may be now considered as firmly engrafted for the first time on the medical literature of our country. The advantages of a weekly medical literature are so evident that we shall be content with a mere reference to them.

As an evidence of the favor with which the REPORTER has been received by the profession of the country and of its adaptation to meet the wants of the general practitioner, we would mention that we find, on reference to our books, that already there is not a State in the Union that does not furnish us with actual subscribers. New York gives us subscribers in nineteen counties; New Jersey gives us her almost undivided support; Pennsylvania gives us subscribers in thirty-nine counties, Virginia in sixteen, North Carolina in ten, Georgia in twenty-six, Alabama in ten, Kentucky in nine, Iowa in seven, Illinois in fourteen, Ohio in twelve, etc., etc. We mention these States as representing every section of the Union. In some towns, containing from three to half a dozen physicians, *all* of them are subscribers to the REPORTER.

The following is the plan of the work:

1. Original Lectures on Special Departments of Medicine and Surgery.
2. Original Communications.
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and schools of this and other cities.

4. Reports of papers read, and discussions had before Medical Societies.
5. Editorial Department, comprising—
A Weekly Domestic and Foreign Periscope.
Brief Reviews and Notices of Books.
Editorial Articles,
Correspondence,
Medical News.

The Communications which have been in course of publication since the commencement of the second volume

ON ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY,

will be continued, and will be found to increase in interest as they progress. They will be fully illustrated, and when those portions of the body are treated of that are the most liable to injury, they will be found to afford to the physician practical information that he will seek for in vain in the books. These articles, when completed, will make a most thorough work on Anatomy, and divest the subject of what have been regarded as its uninteresting features.

The Reports of *Hardy's Lectures on Diseases of the Skin*, which have been interfered with by the illness of Dr. Bolling, will be resumed soon. The Clinical Department, under the head of

ILLUSTRATIONS OF HOSPITAL PRACTICE,

will be sustained with vigor, and shall not be surpassed by any similar reports in this country. The reports of the clinical lectures will be taken down by a competent reporter, and then be submitted to the revision of the lecturers; and thus this department will be a true exponent of the teaching and practice of the most distinguished teachers of medicine in our country.

We shall give correct reports of the most important *Debates before our Medical Associations*, which will be found to convey much practical information in a very interesting and pleasant style.

The *Editorial Department* will receive special attention. Under it we shall discuss matters of general interest to the profession, publish home and foreign correspondence, and give a full weekly summary of MEDICAL NEWS. We shall also give increased attention and space to the

PERISCOPE DEPARTMENT

of the work, under which we shall give full summaries of Domestic and Foreign Medical Literature.

It will thus be seen that we propose to make the REPORTER a complete and PRACTICAL exponent of Medicine and Surgery in all their departments. To the full attainment of this object nothing that our means can command will be spared, and we confidently look to the profession for their countenance and support.

The REPORTER is issued every Saturday morning, each number consisting of twenty-four pages of super-royal octavo size, and printed with a clear type on good paper. There are two volumes a year, with index and title page. *The Volumes begin on the first of October and April.*

Terms.—The subscription price is \$3 a year, or \$1.50 for six months, *payable in advance*. Subscriptions must begin with and include a volume. *The REPORTER will only be sent to those who pay for it.* Notice will be sent to subscribers at the termination of their subscriptions. Current paper, postage stamps or gold, (firmly secured between cards or thick paper, and the envelope well closed,) will be received in payment.

The REPORTER can be supplied from the commencement.

Communications, Essays, Items of Intelligence, Biographical Sketches of distinguished men, etc., etc., are respectfully solicited.

Address "*Editors of the Medical and Surgical Reporter*," Philadelphia, Pa.

S. W. BUTLER, M. D., }
R. J. LEVIS, M. D., } Editors.



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, Dec. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S

MECHANICAL SURGERY,



NO. 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

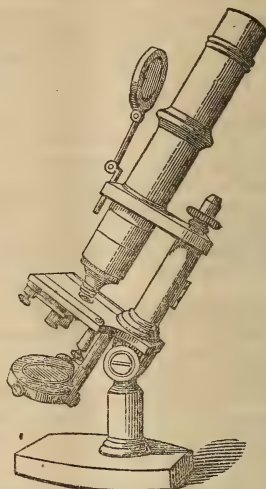
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—1y

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila



PHILADELPHIA SURGEONS'

Bandage Institute, (patronized by the Medical Faculty,) No. 14 (late 4) North third street, West side, the Sixth Store above Market. B. C. EVERETT, Principal.

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lacc Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett 126-y.

COLLECTING AGENCY.

THE undersigned will attend to the collection of Physicians' and Dentists' Accounts, House Rents, &c.

WM. M. DICKSON.

Agent for "Druggists' Circular," N. Y.; and Med. and Surgical Reporter, Philada., &c., &c. Address No. 432 Walnut St., Phila.

SCHÆFER & KORADI,

South-west Corner of Fourth and Wood Streets,
Have received—

HANDBUCH DER RATIONELLEN THERAPIE vom heutigen Standpunkt wissenschaftlicher Forschung und klinischer Erfahrung für praktische und angehende Aerzte bearbeitet von Dr. Theodor Wittmaack. 2 vols. octavo, 1859. Price \$5.

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES,
NO. 153.

PHILADELPHIA, SEPTEMBER 24, 1859.

{ NEW SERIES,
VOL. II. NO. 26.

Original Communications.

Medical Education.
No. 2.

It is very certain, that to the medical profession and to the community at large it matters naught how, when, or where a candidate for admission into the ranks of the profession has been educated, provided that, upon a thorough and fairly conducted examination, he proves himself, to the satisfaction of competent and impartial judges, to be fully qualified in all respects to assume the duties and responsibilities of a practitioner of medicine. But, to the student of medicine himself, as well as to his teachers, the question as to the best system of professional education is of paramount importance,—not merely in reference to facilitating the acquisition of the requisite kind and amount of knowledge, but also to insure the acquirement of that knowledge in such a manner, as shall place it always fully at the command of the learner, either for immediate practical service, or as the basis of future investigation and observation, adapted to its improvement and enlargement.

In a proper scheme of medical education, we should insist upon combining a proper study of books,—from the merely elementary manual, to the more complete and comprehensive treatise and monograph; an adequate course of preliminary instructions by the private preceptor; of fully illustrated prelections from the professional chairs of a medical college; and of thorough bedside demonstrations by the clinical lecturer.

In our days of pupilage, it was customary to confine the reading of the medical student strictly to the text-books, which, when their teachings were explained, amplified, and illustrated by the professors in the regular course of

collegiate medical instruction, he was taught to believe would impart to him the sum and substance of all that was necessary for him to know in order to become an accomplished scientific and practical physician, and beyond which, in too many instances, his reading did not extend after he had passed his novitiate and entered upon the active duties of a practitioner. Even now, it is too much the practice of those in and out of the profession to decry what they term "book-learning" as a thing of comparatively little value to the physician, and to pronounce the time devoted to "book-study," whether before or after graduation, as so much time wasted.

A well-arranged progressive course of professional reading is unquestionably a most important branch of medical education. When properly conducted, it is one of the most effectual means of imbuing the student with the kind and amount of knowledge that is best adapted to render him an enlightened and successful practitioner. Through it, with greater ease and certainty than by any other means, he can render himself master of the facts and observations which constitute the common fund of medical knowledge, derived from the united labors of preceding and contemporary physicians; and which, while he appropriates it freely, as he may lawfully do, to his own use, he is bound, in his turn, to enlarge and perfect, as far as the opportunities furnished him will permit. Independent of the invaluable knowledge to be derived from a careful study of the standard works in the several departments of medicine in proper order, and under the supervision of a wise and talented preceptor, such a course of reading is adapted also to create in the pupil a taste for study that will continue with him throughout life.

The period devoted to the study of medicine in the office of a well-read and experienced practitioner, who performs fully and properly his duties toward his pupils, is one which, if well improved, will be in the highest degree profitable to the student, and prepare him for a due appreciation of a course of didactic and demonstrative lectures, and to acquire from them the largest possible amount of instruction.

In the office of his preceptor the student should commence and carry through the course of medical reading to which we have alluded. In its prosecution, he should be assisted by the comments of his preceptor and by a series of examinations, at short and regular intervals, upon the teachings of each work that is studied. The latter is all important,—as in no other manner can whatever of importance the work contains be so effectually impressed upon the mind, and any errors into which the pupil may have fallen from inattention to, or misconception of the author's meaning, corrected.

In the office of the preceptor, also, the pupil may study, with great advantage, the osteology of the human body, and, by means of plates and models, acquire a general and useful knowledge of the anatomy of most of the soft parts. He may here, too, make himself acquainted with the physical characters of the several drugs and chemicals which enter into the lists of the *materia medica*, and acquire a facility in compounding them in the several forms in which they are usually prescribed by the physician. He may here likewise render himself familiar with, at least, the healthy sounds of the lungs and heart, as revealed by auscultation, percussion, etc. He may here, finally, become expert in bleeding, cupping, and leeching; in the application of apparatus and bandages to the sound body, and in many more of what have been termed the minor operations of surgery.

The medical pupil may thus, during his term of office-study, prepare himself for attendance with satisfaction and profit upon a course of professional lectures, whether in or out of the college or university. Φ

Translation.

ON THE

LARYNGEAL ASTHMA OF CHILDREN.

By the late C. CANSTATT,

Ordinary Professor of Medicine in the University of Erlangen.

(Being the section on that subject in his *Pathologie*.)

Asthma Laryngeum Infantum, *Spasmus Glottidis*, (*Asthma Thyroideum* of Kopp, *Apnoea Infantum* of Roesch, *Laryngismus Stridulus*, crowing disease of the English; [with an Italian and several German names;]) also,

Asthma Millari Acutum, (spasmodic asthma of children.)

Translated from the German,

By B. H. COATES, M. D.,

Of Philadelphia.

(Continued from page 483.)

Diagnosis.—The diagnosis between the so-called asthma of Millar and croup has much employed physicians. We do not think the discrimination of the two forms of disease so difficult, the moment it is allowed to pass for granted that the spasmodic element has an important share in many cases of croup; and that under the name of pure asthma laryngeum that form of disease is alone understood, in which the spasm of the glottis exists purely of itself, and neither depends upon heightened vascular action, nor is connected with any such. In these pure cases of asthma all fever is absent between the paroxysms of spasm,—there is present neither cough nor local pain in the larynx,—the intermissions between the attacks are complete, and often continue several days; the attacks make their appearance from the first in all their violence; there is no visible progression of symptoms as in croup; there are no preceding catarrhal symptoms, nor are such observed during the intervals,—the children, when free from the paroxysm, are entirely well, and the voice is not hoarse; the disease lasts much longer than croup, with the exception of those cases which terminate by sudden suffocation, etc.

Still easier is the discrimination between asthma laryngeum and whooping-cough. Although in both diseases the whistling inspiration, with which the attacks begin, has some

similarity, the paroxysms distinguish themselves during their continuance. In asthma laryngeum, that violent protruding cough never takes place, which ends with choking and vomiting, as in the tussis convulsiva; the paroxysms of whooping-cough come on by day as well as by night; a catarrhal stage precedes the convulsive; along with the vomiting at the end of the paroxysms a considerable quantity of tough mucus is forcibly expelled by choking, &c.

The cyanosis of children is also accompanied by symptoms of asthma and suffocation,—the cause of which, however, with any attention, may be easily discovered. Cyanosis, as the result of a carnate, organic defect of the organs of circulation, is already visible in the first days or weeks which succeed birth, while the customary asthma-laryngeum generally first occurs at the period of the first dentition, or still later. Cyanotic children are also ailing between the attacks, and auscultation makes known permanent anomalies in the beating of the heart. The attacks of suffocation, in cyanosis, necessarily last longer, and are accompanied by a peculiar rattling, sense of boiling matter, and a violent cough.

The asthma laryngeum runs its course, in the majority of cases, without any sign of disease of the brain; yet some cases occur in which it is complicated from the beginning with cerebral symptoms, with an apoplectic or comatose condition,—whence the disease has also received, from Clarke and Pretty, the name of cerebral croup.

Causes.—The disease seldom occurs after the third year of life, and we know of only one case in which the infant was four years old. (Hugh Ley.) It is generally children from six to eighteen months that suffer under it; but the malady is observed soon after birth.¹ As in croup, more male children than females are attacked with asthma.² Asthma-

laryngeum is sometimes transmitted by inheritance, and frequently all the children of a family are affected with it. Children attacked by this disease are generally of a very delicate constitution—pale and puffy, and have either received a scrofulous constitution as an ancestral inheritance, or the scrofulous and rachitic dyscrasy has been developed as a consequence of other influences; and before the attack of asthma, the constitution has been already abundantly demonstrated by eruptions on the face and head, discharges from the ears, and glandular swellings. By these retraced symptoms, by the presence of a large flabby abdomen, by disorders of digestion, by sensible external swelling of glands in the neck, is betrayed the scrofulous origin of the disease. Enlargement of the thymus gland may be assumed, according to Kyll, when the child shows his tongue in the absence of the paroxysms; when percussion in the region of the thymus yields a dull sound; when the breast, in the same locality, possesses an arched form; when the attacks are brought on by lying on the back, and when no cough is connected with it.

Many physicians, as Marsh, Hirsch, Pagenstecher, North, Laubsburg, and Brück, hold the asthma-laryngeum to be a disease dependent on the preceding development, and necessarily implying it. This view appears frequently to have real grounds, when the disease occurs during the period of dentition; although we can concede no general validity to this cause. According to North, the disease died away as soon as the teeth appeared; and, according to Laubsberg's assertion, which does not agree with the general experience of others, we shall find, as a constant indicator, either a total cessation of the labor of dentition, or at least the absence of the eruption of any teeth.

But yet many mere morbid conditions and external influences give the impulse to the development of the asthma-laryngeum. We see it follow catarrh, bronchitis, croup, whooping-cough, measles, and hydrocephalic fever; or become aggravated by these diseases. The symptoms of irritation of the brain can, as

¹ Of 18 children, there suffered from the asthma from birth, 2; after the third week, 1; after three months, 5; after six months, 5; after nine, eleven, and twelve months, each 1; after seventeen months, 1; and one after three years. (Pagenstecher.)

² Hachmann found 12 males in sixteen cases; Pagenstecher 14 in eighteen.

has been already said, precede the asthma, give occasion to it, or continue together with it. Again,—an irritation of the cervical portion of the spinal marrow has been pointed out as an asthma-laryngeum (Corrigan); and we shall then discover a tender spot on exploring the spinal column, and the extremities will be affected with spasms.

Kerr considers the laryngismus always the consequence of cold-catching. According to him, the disease commonly begins in winter, abates in summer under a suitable treatment, but easily returns by neglect in the inclement season of the year. At certain periods the disease appears to be more frequent, and Caspari maintains that he has seen it epidemic.

Course and Terminations.—The disease sometimes pursues the acute, sometimes the chronic course; sometimes it even ends after a duration of a few days. According to Hachmann, the first stage of the asthma of Kopp lasts from eight days to four or six weeks, or even three or four months. Hugh Ley has observed a duration of twelve months. The convulsive stage is much shorter, and lasts at most fourteen days. The disease often does not pass into this stage,—sometimes the asthma-laryngeum runs on continuously; in other cases it leaves intermissions of from three to four months.

If the disease proceeds to recovery, the attacks become gradually milder and less frequent, and finally cease entirely; and, according to Hachmann, crises take place through the skin and urinary organs. The convalescence is protracted for many weeks, especially at periods of development, (cutting teeth, excessive growth, etc.,) and in weakly constitutions. It proceeds more rapidly when the season allows the children to be brought into the fresh air, and when their means permit their residence to be changed. For a long time there continues a disposition to relapse, but this is commonly of little importance. Pagenstecher, Caspari, and others, allege that they have seen the cases of asthma abate or entirely cease on the appearance of eruptions on the head, or swelling of the joints. According to Caspari, too, a rapid progress of

ricketts appeared, in some cases, to stand in connection with improvement in the present disease.

Death may occur—1st, during the paroxysm itself, through forcible closure of the glottis, without death-rattle or prolonged struggle; or, 2d, by convulsions, a termination alleged by Griffin to occur in nearly half the cases; or, 3d, by gradual exhaustion of the forces; or, 4th, by apoplexy, and by passing over into hydrocephalus.

Prognosis.—The mortality is stated differently by different physicians. North states that he has never lost a child. Caspari lost 6 out of fifteen. Hachmann, out of sixteen, 2 in the paroxysm, and 1 in subsequent illness. By Griffin's statements, the disease is mortal in from one-third to one-half the cases. The following considerations have influence on the prognosis:—

1. The age of the subjects; the younger they are, the more unfavorable is the prognosis.

2. Their constitution. Strong children are less endangered.

3. Causes and complications. Laryngismus arising from irritation of the brain is very bad; a scrofulous origin is more favorable. Complications that weaken the organism, make the disease serious.

4. The duration, course, and stage of the disease. If the case is taken under treatment at the very commencement, its progress is often arrested. An acute course is more dangerous than a chronic one. The prognosis is very unfavorable when the malady has once entered the convulsive stage.

5. Symptoms and terminations. The more frequent and severe the attacks, the worse is the result to be anticipated. The transition to hydrocephalus is mortal.

Treatment.—The indications to be established consist, 1, in moderating and directly removing the spasms and momentary suffocation of impending attacks; 2, in removing the causal disease, which produced and maintains the spasms of the glottis; 3, in symptomatic treatment of the secondary congestions of the head and breast occurring in the paroxysms;

4, in the observance of a diet in correspondence with these indications.

The first indication is fulfilled by the use of antispasmodics and revulsives. Among the first, Millar has known assafoetida do justice to its established reputation; and, after him, other physicians, as Schæffer, Kopp, Wendt, and Tourtonal, have united in the praise of the same remedy, which has also been combined with musk. Unfortunately, however, children generally struggle against the internal use of this repulsively-smelling fœtid gum, and we are therefore almost restricted to its use in the form of injections.¹ Instead of assafoetida, other physicians—as Wichmann, Harless, Heake, Hufeland, etc.—have given musk in large doses, as from 2 to 4 grains every two hours. Dürr found a combination of musk and sulphate of copper effective. Hüter, the same, with the addition of calomel. Ebers gives, at the same time, musk and cod-liver oil,—the one to combat the spasms, the other to do away the alterations of the material composition of the body. White oxide of zinc and ammoniate of copper were commended by Kyll. Ferro-cyanate of zinc by Pagenstecher and Günther. Hirsch found best the use of small and gradually-increased doses of aqua lauri-cerasi during the paroxysms, interposing small doses of musk. Roesch praises digitalis.² It is the practice, during the attack to have the extremities of children rubbed, and to use the warm bath, which may also be

exchanged for a bath of ley. The thorax is rubbed with diluted tincture of cantharides, or with croton oil. Hill advises the use of injections,—spirits of turpentine with castor oil.

When the malady arises from scrofulosis, a treatment operative against this diathesis must be recommended, and to this are suitable preparations of iodine, soda, burnt sponge, and cod-liver oil. Fingerhut uses iodine baths and frictions of ioduret of mercury. If the asthma appears to stand in connection with painful dentition, occasional mild purgatives do good service.³ Cutaneous eruptions must be favored. If we can imagine that the thymus is hypertrophied, we endeavor to circumscribe the morbid nutrition of the part by the repeated application of leeches to the sternum, by frictions of ung. hydragryi and iodide of potassium, and by a general anti-scrofulous treatment. Laudsberg has recommended for the same purpose the use of Kœmpf's visceral injection,⁴ and of muriate of iron. In the presence of symptoms of febrile reaction, or of irritation of the brain, we apply some leeches and use calomel internally. Marshall Hall considers it of imperative necessity, when the spasm of the glottis originates in irritation of the gums, to scarify the most projecting parts of these daily, and promote the bleeding by the application of warm sponges; many other English physicians also copy this practice with success.

There have been also recommended the ungueatum auri muriati, bromine (Fingerhut), animal coal (Pitschaft), and even the extirpation of the thymus gland (Allan Burns).

In general, the disease appears to tolerate

³ Lancing the gums appears to be very much discountenanced in Germany.—TRANSLATOR.

⁴ A very complex formula, from the Hamburg and Hesse Pharmacopœias, is reduced by Dr. Philip Phœbus, of Berlin, to the following:—

R Plant and root of dandelion, ʒjss.
Root of saponaria, ʒss.
Water a sufficient quantity.

Boil down to ʒiijss.
Add towards the end Root of Valerian and Chamomile flowers, aa ʒvi.
Reduce it to one pint. Make two injections.

¹ R Assafoetid. depurat. ʒij.
Solve in Liq. Ammon. Acet. f ʒj
Aq. Ment. ppt. f ʒij.
Syrup. croci, f ʒss. M.

Dirige. S. A tea-spoonful to a table-spoonful every hour or two, using injections at the same time.—Millar.

R Assafoetid. ʒss. to ʒj.
Vitell. ovi i.

M. Sensim terendo cum infus. valerian (ex f ʒss.) f ʒiv. M. ft. emulsio. Dirige. sumat. For 2 injections.—Tourtonal.

² Caspari praises prussic acid. Jahn and Stark give Extract of Belladonna, gr. ¼ to ½ per diem. Heyfelder recommends this remedy, and Romberg the acetate of morphia, to be employed by the endermic method.

no perturbative or heroic remedy, and there have been seen abundantly more successful results from residence in the country, or a change of dwelling, than from a too active therapeia. In chronic cases, it is judicious to let pauses of a week intervene in the treatment. The diet should be unirritating, but nourishing and light of digestion. Graf enforces weaning of the children who are still at the breast; this may, however, be only admissible when undeniable evidence is present that the child has to undergo disorders of digestion in consequence of the use of the milk. The children are dressed warm, and in woollen. Cold and sudden changes of weather are injurious to them. In cloudy, damp, and cold atmospheres, they must not be suffered to go into the open air, and in like manner we protect them against great heat. We must avoid suffering these little patients to weep much or to cry, or to be tossed, swung, or see-sawed. The mother should not admit them to too full a breast, in order that they may not swallow so as to pass drops into the larynx. According to Kyll, as lying on the back promotes the paroxysms, the children should be laid to sleep on the side.

During the paroxysms children are made to sit up, and lean forwards, and are gently patted on the back, the face and breast are sprinkled with cold water, fumigating matters are held under their nostrils, and their breasts and extremities are rubbed with flannel, or with volatile irritating substances of the *materia medica*.

—o—

A *recto-vesical operation* for calculus is reported to the Royal Medical and Chirurgical Society, by Mr. Southam. He was induced to resort to this method of operating on account of the large size of the stone, the indurated and contracted state of the bladder, and the general ill health of the patient.

Sutures were not used, but the bowels were restrained from acting for a week, by the administration of opium.

The urine passed by the rectum for fourteen days. After some months, the fistula was cured by nitrate of silver and the electric cautery.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SEPT. 14TH.

Service of Dr. J. Forsyth Meigs.

(Reported by Mr. J. B. Hayes.)

Visible Pulsations of the large Arteries—This case was presented on the last day, and made the subject of some remarks by Dr. M. Dilatation with hypertrophy of the heart and disease of the aortic orifice, were diagnosticated.

Dr. M. remarked that an imperfect closure of this valve and visible pulsations of the arteries had a mutual relation to each other—that of cause and effect. Where one was present in a highly marked degree, the other could be affirmed.

He quoted the authority of Dr. Walshe, who says: "In the first place, no well marked case of that disease (aortic regurgitation) has ever fallen under my notice, in which visibleness in the superficial pulses was not more or less obviously present. In the second place, I have never observed *highly marked and extensive* visible pulsation without aortic regurgitant disease. But in the third place, in aged persons of their frame, whose vessels are calcified and tortuous, a slight degree of the phenomenon may certainly be noticed in the smaller arteries, independently of any affection of the aortic valves; and if the left ventricle be hypertrophous in such persons, the amount of visibleness will be materially greater, but still will fail to affect the larger trunks."

Dr. M. remarked that it was better for a student to analyse one case perfectly than to examine a dozen cases superficially, and that the inquiry into the cause of these pulsations was highly interesting, and would be profitable both to himself and to the students.

The explanation of the cause of these visible pulsations generally received, is that given by Dr. Corrigan, of Dublin. It may be found in Dr. Hope's work on the heart and aorta, at page 213, in the following words: "In the perfect state of the mechanism at the mouth of the aorta, the semi-lunar valves, immediately after each contraction of the ventricle, are thrown back across the mouth of the aorta by the pressure of the blood beyond them, and when adequate to their functions of closing the mouth of this vessel, they retain in the aorta the blood sent from the ventricle, thus keeping the aorta and the larger vessels distended. These vessels consequently preserve nearly the same bulk during their systole and diastole. But when the semi-lunar valves, from any of the causes enumerated, become

incapable of closing the mouth of the aorta, then, after each contraction of the ventricle, a portion of the blood just sent into the aorta, greater or less, according to the degree of the inadequacy of the valves, returns back into the ventricle. Hence the ascending aorta and arteries arising from it, pouring back a portion of their contained blood, become, after each contraction of the ventricle, flaccid or lessened in their diameter. While they are in this state, the ventricle again contracts, and impels quickly into these vessels a quantity of blood, which suddenly and greatly dilates them. The *diastole* of these vessels is then marked by so sudden and so great an increase of size as to present the visible pulsation which constitutes one of the signs of the disease."

Dr. M. remarked that doubtless this explanation is correct in so far as it goes, the sudden filling out of the arterial walls after a previous collapse, a collapse which does not occur in anything like the same degree when the vessels are kept duly distended by the closure of the semi-lunar valves in their healthy condition. In the normal condition of the circulation, the arteries during their *diastole* not only enlarge as respects their transverse diameter, but move slightly forward in their beds under the propelling power of the column of blood driven by the cardiac *systole*. Now, in visible pulsation we have both these movements greatly exaggerated. Not only is the lateral expansion of the vessel vastly greater than in the natural condition, but the forward momentum is largely increased, so that the artery plunges forwards in its bed with a singular and life-like vermicular motion, utterly unlike the easy, regular, and gentle pulsation of the healthy state.

To explain these great deviations from the natural phenomena of the circulation, Dr. M. spoke of another cause not, so far as he knew, cited in the books.

In the healthy condition of the aortic orifice, all reflux of blood being prevented by the closure of the semi-lunar valves, the elastic walls of the arteries, when distended by the column of blood just driven forward by the previous ventricular *systole*, contract upon their contents, and not being able, owing to the closure of the valves, to drive the column backward, assist materially in the forward movement of the systemic circulation. This assistance is given by the steady, equable, and gentle pressure of the elastic arterial walls, and may be likened to the operation of the air chamber attached to any common pumping apparatus. Under these circumstances the left ventricle, when it contracts, has merely to add a new wave of blood to the current which is already, owing to the steady pressure of the coats of the arteries, in gentle onward move-

ment; but when the valves are defective, and a reflux current is pouring backward from the arteries into the chamber of the heart, the power of the organ must be extended *first* to arrest this current, and *second*, to start it in an opposite direction on its destined course through the systemic circulation. Now, we can easily obtain an idea of the great amount of power, over and above what is naturally necessary here, if we do but reflect for a moment upon what would be the consequences of a defective condition of the outlet valve of a great pumping machine. Let us take as a familiar instance the great pump at our Fairmount Water Works, and suppose that the valve at the orifice of the iron pipe, which conveys the water from the pump to the reservoirs on the top of the hill, were defective. When the piston, after having been driven home, begins to retire, the water, instead of being retained in toto in the outlet pipe, and driven onwards by the speedy expansion of the air in the air-chamber, would in part reflow into the chamber of the pump. What mischief this would create when next the piston descends. What clashing of the two currents of water moving in opposite directions. How irregular the stream, no longer driven steadily onward by the pressure of the air in the air-chamber. The water, instead of being delivered upward in a steady, even stream, would be broken into sudden, convulsive waves, and the whole machinery would be strained and shaken far beyond its proper degree.

So in the case of the subject now before us, the heart has not only to stop the reflux current, but to start it anew in another direction, and the great additional force necessary to accomplish this, gives to the column of blood in the arteries a momentum, which explains in part, at least, the violence of the longitudinal movement of the vessels; whilst Dr. Corrigan's explanation of the unusual collapse of the arteries gives us the reason of the remarkable horizontal distension of the arterial walls.

The above explanation, Dr. M. remarked, helped to account for the invariable occurrence of hypertrophy, or dilatation, or of both combined, in cases of insufficiency of the valvular structures of the heart. These secondary conditions are evidently efforts on the part of nature—as has been so well explained by Dr. Corrigan—to compensate, by increased power, for morbid obstructions arising in the course of the cardiac circulation. The eccentric hypertrophy under which this man labors, is the best thing that could happen to him under the circumstances, and I shall most assuredly not interfere with it by any reducing measures. On the contrary, this man is now allowed full diet, and is taking a bitter tonic.

Tabes Dorsalis.—The attention of the class was called to the tottering, uncertain gait of this patient

as he walked into the amphitheatre. The patient is 32 years of age, well developed, and until last April was employed as a coachman. Like others of his class, he was exposed to all inclemencies of weather, and one night in April he remained unprotected on his coach box from eleven to three o'clock thoroughly soaked with rain. From that time to this he has had a pain in his right knee, not acute and violent, but an obscure, dull, bothering pain. Two or three months ago he began to feel a weakness of his limbs, which has increased until now, with a diminished sensibility; he has partial paraplegia.

He has no impairment of vision; this function is perfect, and those of the bladder and rectum are well performed. He has no vertigo, vomiting, or other symptoms of cerebral disease. He has formation, numbness, and a stinging, pricking pain in the soles of his feet.

The patient attempted to walk with his eyes closed; after two or three steps, but for support he would have fallen to the floor. The same ineffectual effort was made to *stand* with his eyes closed.

His disease Dr. M. believed to be that to which the name of *tabes dorsalis* has been given; which consists generally in an atrophy of the lumbar spinal marrow.

The symptoms which Romberg has described as pathognomonic of this disease is well marked in this case—loss of the muscular sense, and the peculiar effect of attempting to walk without the guidance of vision. The explanation of the latter disability is the loss of muscular consciousness—that property by which muscles know how much power to put forth, when they ought to contract or to relax. He no longer had this faculty to guide his locomotion.

Treatment.—His internal treatment is one which proved successful in a case reported by Dr. Bennett, of Edinburgh. It consists in the use, three times a day, of a pill containing half a grain of protiodide of mercury, with one grain of extract of hyoscyamus. In addition to this his loins are rubbed twice a day with the following liniment:

R. Ol. croton tigii, f ʒii.

Tinc. sapon. camph. f ʒvi. M.

He is allowed full diet.

Albuminuria.—This lad was exhibited to the class a week ago. He is in all respects more comfortable. Dr. M. looked upon it as a case of acute desquamative nephritis, resulting from cold. The prognosis was pronounced favorable. The urine was now copiously voided; seven pints in 24 hours. Its sp. gr. was now 1004. The presence of albumen was detected only by the opalescent tint. No decided precipitate was formed by acid or heat, as on the previous occasion. The effusion had been entirely confined to the cellular tissue, and had somewhat diminished.

Treatment.—Cream of tartar, half an ounce a day, with infusion of juniper berries. It was very difficult to produce an evacuation of the bowels; to this effect the compound jalap powder was given three nights. On the 6th of the month he took ½ gr. elaterium; on the 10th this dose was repeated; on the 11th he was ordered vi grs. blue mass at bed time; on the next day ½ oz. castor oil, with ten drops of oil of turpentine. This had the desired effect. He has taken hot vapor baths every other day.

The diet is nutritious, but light, and he is confined to bed.

Medical Societies.

[Condensed from phonographic reports.]

ACADEMY OF MEDICINE, (NEW YORK.)

The meeting of this Society on September 7th, in the absence of any paper or pre-appointed discussion, was taken up mainly by an impromptu debate on

Tumors, and the best mode of Extirpating them.—

On this occasion, the two veterans of New York surgery, Drs. Alexander H. Stevens and Valentine Mott led the discussion.

DR. STEVENS remarked, that in the early days of his professional life, when attached to the New York Hospital, it fell to his lot to prepare extirpated tumors for the museum, and he was often struck with the mass of cellular tissue, arteries, veins, nerves, etc., which had been cut out along with the tumor. A careful examination of these tumors convinced him, that these vessels and structures, the cutting of which according to the mode of operation then prevalent, frequently gave rise to much and troublesome hemorrhage, did not belong to the tumors, but were merely proximative, contrary to Boyer's doctrine, that each tumor had its artery, vein, and absorbent. This led to the practical conclusion, that by careful manipulation with the handle of the scalpel or with the finger, the cutting of these proximative vessels may be avoided, and a great deal of hemorrhage saved, while a cleaner pathological specimen is at the same time obtained. He had seen cases, where in the extirpation of a tumor twenty or thirty arteries were cut and had to be tied, without necessity. In such cases hemorrhage is not only more troublesome, but the many ligatures keep up such an amount of irritation, as interferes with union by first intention, favors suppurative and ulcerative inflammation, and thus renders the danger from *secondary* hemorrhage much greater. By using the handle of the knife and the finger freely and carefully, the glands in

the axilla, if necessary, may *all* be taken out without scarcely any loss of blood. The great *practical law* derived from these early observations, of which he had been reminded through a paper published by him many years ago, was, in operations of this kind to isolate the tumor completely, when it can be enucleated without difficulty, and a long experience has assured him that this is the best method.

Dr. MOTT agreed with the excellent remarks of Dr. Stevens, with whom he was associated forty years ago in the examinations alluded to. Experience had taught him, that vessels and parts in the neck become very readily associated with tumors in that region, by a slow inflammatory and exudative process. The difficulty experienced in enucleating these tumors can however be greatly lessened by *cutting down, down to the tumor!* until it is laid bare completely, when without much loss of blood it can be enucleated. *Theoretically*, it is very convenient to cut layer after layer; but the operating surgeon will find it quite a different thing in practice. When in Paris, on his last visit, a young French Surgeon demonstrated to him eleven distinct investments of an inguinal hernia, which he had made out; but the operator will probably find considerable difficulty when he attempts to divide them layer after layer in a case where he is called upon to operate. The fact is, that in tumors, especially of the neck, as already mentioned, vessels, nerves, and other sound tissues become very readily incorporated with and agglutinated to the tumor, so that the normal anatomy of the region is to a great extent obliterated. *Cut fairly down to the tumor* is the rule, which he would emphatically impress upon young surgeons. In malignant tumors anywhere, we must frequently take out other structures, because they are incorporated with the morbid growth. This is not the case in benign tumors.

Dr. KISSAM described his method of extirpating tumors. In simple encysted or sarcomatous growths, the tumor should be cut through, its contents evacuated, and then the cyst be taken out by traction, and manipulation, with the handle of the knife and finger. A malignant tumor cannot be enucleated.

Dr. RAPHAEL called the attention of the Academy to the great importance of *diagnosis*, and *previous exploration* and *microscopical examination* of the tumor before operating. (We regret that this point was lost sight of in the progress of the debate; for we believe, that the diagnosis between a benign and malignant tumor before the surgeon proceeds to an operation is as *important* and *PRACTICAL*, as the operation itself—in many cases more so.)

Dr. STEVENS thought Dr. Kissam's statement, that malignant tumors could not be enucleated, a little too broad. He had seen cases of *fungus hæmatodes encysted*. In reference to the microscope

he did not consider it infallible in distinguishing benign from malignant tumors, and thought that too much importance has been attached to it.

Dr. KISSAM would ask Dr. Stevens, whether in removing an encysted malignant tumor he would leave the cyst behind. Dr. Stevens replied in the negative.

Dr. BATCHELDER described his method of extirpating tumors, which differed in nothing essential from that of Drs. Stevens and Mott.

Dr. FINNELL called attention to the great importance of controlling the hemorrhage in operating for tumors, and suggested that *pressure* may in many cases be resorted to with great advantage, and should be more frequently employed than is generally done in operations of this kind.

Dr. MOTT expressed his pleasure that the subject of hemorrhage had been alluded to in this connection. The older he grew, and the more he surveyed the field of his past labors, the more he became impressed with the great importance of the subject of hemorrhage in operative surgery. He could call to mind many a dreadful and melancholy scene where death resulted from hemorrhage that could not be controlled. His early experience teaching him the imperative necessity of spilling blood as little as possible for the well-being of the patient, led him, what he claimed as original with him, to tie large arterial trunks supplying the tumor to be removed on the proximate side. Thus he was the first to tie the carotid artery previous to the removal of a tumor of the lower jaw.

"*Cut behind!*"—Dr. Watson, the President of the Academy, called attention to the fact, that the boys' wards in the N. Y. Hospital were very much crowded, the principal accidents being fractures, luxations, etc., caused by boys getting on behind stages, and, being "cut behind," jumping off, falling, and being run over by the vehicle following. He thought that the Police should receive strict orders to arrest the offenders. Exemplary punishment in a few cases would soon abate the evil. The subject was referred to the section on public hygiene, when the meeting adjourned.

NEW YORK PATHOLOGICAL SOCIETY.

After the usual summer vacation of three months, this active Society met again on Wednesday evening, September 14th, Dr. Dalton in the chair.

Dr. FINNELL presented a specimen of

Aneurism of the arch of the Aorta.—This occurred in a gentleman about fifty years of age. The patient had suffered for two years past with a cough, pain in the chest and difficulty of breathing, for which he placed himself under treatment with but very little

benefit. The patient died about four weeks ago, not suddenly however, as usual in such cases, but gradually exhausted and worn out.

On autopsy a bulging tumor was found beneath the sternum, which proved to be an aneurism. The three great vessels going off from the arch, diverged from the tumor; the left corotid was almost entirely obliterated, and the left subclavian somewhat diminished in size. The trachea was compressed by the tumor, and the *esophagus* found to be in a sloughy condition.

DR. CLARK wished to know if the voice was affected.

DR. FINNELL stated that the voice was not altered, and that he did not suppose that the recurrent laryngeal nerve was pressed upon by the tumor. The patient had great difficulty in swallowing food.

Case of Lumbar Abscess.—DR. CONANT presented the lumbar vertebræ and portions of the lungs of a man who had died of lumbar abscess. The history of the abscess presents no exception from the ordinary cases of this disease, except that it opened into the lungs; the whole duration of the disease was about six months.

At the post mortem examination it was found that a communication existed between the abscess and one of the larger divisions of the bronchial tubes. There was but little hepatization of the lung around the sinus.

DR. MARKOE remarked that so far as he could judge, very little inflammatory action manifested itself generally in the lungs, through which abscesses, lumbar, hepatic, etc., burst; and another curious point in these cases was that the physical signs of inflammation or engorgement, etc., in such cases were almost entirely wanting; he did not recollect of any case of some five or six which he had observed, where the physical signs would lead him to suppose that hepatization had taken place.

Rupture of the Aortic Valves.—DR. SANDS presented a heart, with the following remarks:

I have a specimen here of a heart removed from the body of a policeman who died yesterday afternoon. Four weeks ago he received injuries, supposed to have some connection with his death. It appears that four weeks ago last Saturday night, he was attacked by a person, whom he was endeavoring to arrest, and very severely beaten. Notwithstanding the injuries, he made good his capture. After this he remained on duty for forty-eight hours. He then complained of pain in his chest, and was allowed to go off duty, and was attended by Drs. Fisher and Wells, Police Surgeons. No disease could be diagnosed, except general in-

jury of the chest. Ten days after that there were signs of pleuritic inflammation, and a systolic murmur could be heard in the region of the base of the heart. The pulse at this time was about 80; it continued not less than 80, and towards the last week increased to 135-140. During the last few days, however, the pulse was so rapid that it could not be counted. The man died last evening. Death was preceded by fever, a high pulse, and pretty constant, though not uninterrupted dyspnoea.

On examination of the chest a large amount of serous effusion was found in the pleural cavity; the lungs compressed. The pericardium contained two or three ounces of serous fluid. The principal lesion was found in the aortic valves. Upon examining the specimen, it will be seen that but one of the valves remains intact. Of the other two valves, one is almost entirely gone; the other has a large rent, extending through nearly the whole of its length; near the margin it is unbroken and has its ordinary aspect. The other valve, that one opposite the right coronary artery, is the seat of fibrous deposit. The endocardium in the vicinity is torn.

There is also a fibrinous deposit on the endocardium between the left ventricle and the left auricle.

There is very little doubt that the rupture took place at the time the man received the injuries, thus indirectly leading to his death.

Rupture of Chordæ Tendinæ.—DR. DALTON related a case, very interesting in this connection, where a rupture of the tendinous chords attached to the anterior fleshy columns took place. The patient was a man about forty years of age, tall and spare; his previous history being unknown, as he was a stranger in the city. He was found unconscious in bed. Dr. Budd saw him first; breathing stertorous; pulse however had some force. Death took place some three hours after the attack. On applying the ear to the præcordium a bellows murmur was found, loudest at the base; throbbing of the carotids well marked.

The post mortem examination revealed extravasation of the blood on the surface of the brain. No calcified arteries could be discovered in the brain. The heart contained no clots, or fibrinous material. The cavities of the right side were distended with liquid blood. The whole organ showed nothing abnormal but the above lesion—*rupture of the chordæ tendinæ*.

A similar case was related by DR. CLARK, where rupture of the tendinous chords had been suspected some weeks before the patient died, and was verified by the autopsy.

Remarkable Case of Adipocere.—DR. DALTON pre-

sented a body which had undergone complete transformation into Adipocere. As far as could be ascertained the body was buried in 1832. It was found in a cemetery, or rather a pit in the upper part of the city, which was dug out for the reception of cholera patients. The bodies were placed in separate coffins, but not in separate graves. The coffin containing this body was found about twenty feet beneath the surface; underneath it there were three tiers of coffins, and above it nine or ten. The uppermost tier of coffins was covered by three or four feet of solid earth. The soil directly under the coffin in which the body was found, was very watery; above this level there was but little water, although the ground was very moist. The bones of the bodies contained in this pit, and in some cases the tendons were melted together in a semi-fluid mass, the usual result of decomposition under ordinary circumstances.

At the water mark there were several bodies converted into this Adipocere. The specimen presented, however, was the most perfect. The hands and feet have been rattled off during transportation. When the body was first taken out, its color was almost precisely the same as now—(a dullish white)—if anything, it has become a little more brownish. It has now been exposed to the air for three months. Its consistency was decidedly less, when first removed; it was then like cheese of medium consistency, a mixture of the ductile and the brittle. In handling it, great care had to be used. At that time it exhaled a tolerably strong order, partly cheesy, ammoniacal and earthy. Since that time the cheesy and the earthy odors have disappeared; the ammoniacal smell however is still perceptible. In other respects it appears not to be altered in the least, and Dr. Dalton presumes it will remain in the same condition for years, for centuries, if properly taken care of.

The body is that of a large fat woman, between 45 and 50 years of age, evidently a woman past the prime of life. The anterior parietes have sunk very much, particularly those of the abdomen, which appear to be in contact with the spinal column. The anterior portion of the chest is also collapsed. The change of animal tissue to the Adipocere is absolutely complete in all the tissues, except the hair, nails and bones. The papillæ of the skin can be distinguished, but the other tissues cannot be made out.

The substance of which this mass is composed is known by the name of Adipocere, or as the French call it "*graisse de cadavre*," (fat of dead bodies.) It is exceedingly light, so that one can easily raise the whole subject.

It is somewhat curious that all the bodies, which are reported as having undergone this degeneration, have been interred under precisely the same cir-

cumstances. The first case was observed in a similar pit at a cemetery in Paris.

The chemical composition of the substance is such, that it is regarded as an ammoniacal soap, sometimes soap composed of ammonia and lime, in other instances almost exclusively a lime-soap. Orfila and Fourcroy, who had paid particular attention to this subject assert that at first it is almost exclusively ammoniacal, the ammonia being supplied by the decomposition of the nitrogenized muscular tissue. This unites with the fat coming from the adipose tissue, which has become rancid, and produces an ammoniacal soap. Some French chemists regard it as a transformation of the muscles into oleic acid, so that Adipocere may be produced by simple decomposition of the muscular tissue. The more generally received opinion is that it is simple decomposition of the muscular tissue into ammonia, which unites with the fat of the adipose tissue. This opinion is favored by the fact, that in almost every instance of this kind the bodies are those of extremely fat persons. Such was the fact in a case, the only case of this kind which Dr. Dalton has previously seen, where the body was that of an enormously fat man. Another reason which makes it probable that the fat must come from the adipose tissue is that as Orfila ascertained, Adipocere does not take place, when the animal matter consists of muscular tissue only.

A body buried by *itself* will rarely be converted into Adipocere, because the ammonia-compounds produced by the decomposition of the muscular substance are dissolved in the fluids of the body, and these fluids absorbed by the soil, and do not unite with the fats so as to form Adipocere. But if a body is surrounded by other bodies, the bodies above decomposing, produce ammoniacal fluids. These being washed down by the rain, filter through to the ninth or tenth coffin, the water of course in its descent becoming more and more loaded with ammonia, and this uniting with the fat of the lowermost bodies, produces Adipocere. The bodies under the surface of the water do not undergo the transformation, probably because the substance is soluble in water.

This material, of which the body is composed, is very inflammable. A piece put on charcoal, placed before the flame of the blowpipe, takes fire, and is consumed readily, leaving scarcely any appreciable residue.

Old people, on the whole, have fewer complaints than young; but those chronic diseases which do befall them generally never leave them.—*Hippocrates*.

Editorial.

CLOSE OF A YEAR'S LABORS.

This number closes the second volume of the first year of the MEDICAL AND SURGICAL REPORTER, in its weekly form. A reference to the index accompanying this number—which, it must be borne in mind, represents *six months*, (and they *summer months*,) and *not a year*—will show our readers that we have not been idle. We think that we may safely say, that few, if any, of our cotemporaries, can exhibit the same amount of labor rendered in the same period of time. And there are not many medical journals in the country, if any, on which more money is expended for literary matter, for illustrations, and in presenting a creditable appearance, than on this. Our policy has been a liberal one, and we are happy to say that it has been met in a like liberal spirit by the profession.

The REPORTER was started a year ago as a weekly, to meet what we conceived to be a want in the medical literature of this country. Several attempts had been made, unsuccessfully however, to establish a weekly medical journal, which, while it was the vehicle of miscellaneous communications on medical subjects, should also report hospital clinics, medical society debates, and collect the floating news interesting to medical men, which was either lost in the columns of our newspapers, or had a limited circulation in the various localities where they excited the most interest. But, from various causes, that need not here be enumerated, these enterprises failed. The *Medical Examiner*, which was started here in 1838, as a weekly, did good service while published in that form, and was very acceptable to the profession. Its editors were men of marked ability, and it was matter of sincere regret when it was thought best to change it to a monthly. In New York, in October, 1845, was issued the first number of the *New York Medical and Surgical Reporter*, by Dr. Clarkson T. Collins. It was published every two weeks, and made a very promising beginning, but Dr. Collins' health failed,

and at the close of the first year the work passed into other hands, and we think died before the end of its second year.

It has been our aim to profit by the lessons that were to be learned from the unsuccessful enterprises named and referred to above, to adopt the good features they contained, and to avoid the errors into which some of them fell. With this object in view, therefore, we seek to advance the interests of the whole profession, by diffusing knowledge which shall be alike profitable to our readers, whether in Maine, Pennsylvania, Georgia, Texas, Iowa or Oregon. Having no interest in medical teaching, either here or elsewhere, it is not our mission, nor shall it be, to "represent" the claims of any city or section in this respect.

By advocating principles and diffusing information of an elevating tendency, and in an attractive and pleasing form, we have constantly sought to improve the standing and character of the profession which we serve. Fully aware of the imperfection of our efforts, but with the consciousness that we have done the best that we could in the circumstances in which we have been placed, and appreciating the importance of our mission, we shall enter hopefully upon the labors of another year, in the belief that, through the good offices of our numerous friends, and by the favor of a kind Providence, we shall be able to do much more the coming year than we have the past, and that we shall receive, as we shall certainly endeavor to deserve, a constantly growing patronage.

REPORTS FROM NEW YORK.

We commence this week our regular weekly Medical Society and Clinical Reports from New York. Our correspondent in that city—"Gotham"—who has for years been a regular contributor to our pages, will prove to be an intelligent observer of men and things, and will keep us well posted in matters of interest to medical men that transpire in the commercial metropolis of the Union. He has secured the aid of a medical man who is a thorough

phonographer, and who will take *verbatim* reports of debates before the medical societies, and of remarks in important clinical cases. From these verbatim reports a condensed report will be prepared for our pages. It will be readily seen, therefore, that our reports of medical matters in New York will be fresh and reliable, and we have no doubt but they will prove highly acceptable and instructive to our readers.

It will be seen in this week's report, that those veteran surgeons, Drs. Mott and Stevens, both took part in a discussion on the proper method of extirpating tumors. Next week we expect to give a report of discussions on yellow fever, before the Philadelphia County Medical Society, and the New York Academy of Medicine, the one being led off by Dr. Wil-son Jewell, and the other by Dr. John H. Griscom. These reports will be found to be full of interest, and will, we doubt not, be appreciated by our readers. By diffusing knowledge, they will add to the intelligence and learning of the profession.

The next number of the REPORTER (for October 1) will be a *student's number*, and we respectfully request those who are interested in medical teaching in this city to send us their cards and circulars, that we may collect all the information that we can that will be of interest to students the coming winter.

Arsenic in the Treatment of Intermittent Fever.—Dr. L. D. Sheets, of Liberty, Ind., in the *Lancet and Observer*, calls attention to arsenic as a permanent cure in obstinate cases of intermittent fever. Dr. Sheets uses arsenic in the form of Fowler's solution. He regards it as almost infallible, and says that the cure is safe and speedy. He first arrests the disease with quinia, and follows it if the chill is likely to return in a week, with twelve drop doses of Fowler's solution three times a day, and continues it until it produces its specific effects, usually first manifested by swelling of the eye-lids. He seldom stops short of giving five or six drachms of the remedy in an obstinate case. If the chill is not likely to return for two or three weeks, a few days may intervene before giving the arsenic.

Correspondence.

MEDICAL MATTERS IN PARIS.

August, 1859.

The medical man, on his arrival in Paris, for the first time, must of necessity, look at the interesting and magnificent public buildings, monuments, and treasures of art, science and industry, which are free to all. The larger number of these are to be seen on Sundays. The number and extent of places to be seen in this city are so great, that it would require several months' residence to see them all to advantage; but one week is usually considered necessary to devote to them exclusively. This, however, is not necessary, as pleasure and knowledge can be so combined, as not to tire of the one, or make the other too monotonous by its repetition. The medical man, by getting up at seven instead of nine o'clock, can spend four hours at the Lecture or Hospital, and then devote the balance of the day to sight-seeing.

JARDIN DES PLANTES.

This institution is one of great interest, and full of instruction, as it comprises not only a garden of plants and trees, all carefully labelled, but also, a Menagerie, Cabinet of Comparative Anatomy, Gallery of Zoology, a Mineralogical and Geological Museum, Botanical Gallery, Lecture Room and Library. In the garden in this month, we found but little to attract attention, it being very dry and hot. To the School of Botany, we did not obtain admission; it is said to be carefully re-arranged, and the visitor may at once know the nature of the various plants by the color of the tickets; the red denotes medicinal; the green, alimentary; the blue, those used in the arts; the yellow, ornamental; and the black, poisonous. We visited the mounds, and on arriving near the top, we discovered a splendid cedar of Lebanon, which it is stated, Dr. Collinson, of England, presented to the garden in 1734, and which was planted in this spot by the elder Jussieu in 1735. It is truly a magnificent shade tree, under whose graceful branches, fifty persons might easily find shade. The Menagerie is much inferior to that of Regent's Park, London, which is the most complete of any I have seen, in either Belgium, Holland, Prussia or Germany. Of the Cabinet of Comparative Anatomy, I can speak with great satisfaction. It is a monument to Baron Cuvier, by whom

it is stated, it was brought to its present perfect state. Here is the largest and finest collection of the whale tribe, that is to be found; and there is a most wonderful specimen of the cachalot in the court, which is stated to be 56 feet long; also, numerous other interesting marine animals, brought from the polar regions. There is then a suite of eleven or twelve rooms, containing dissections of birds, fishes, reptiles, with specimens or casts of all parts of the human body, and crania of every nation. Where there has been no good specimen, the arts of Daguerreotyping and Photography have been brought into use, or the pencil of the accomplished artist has given a perfect copy of their appearance. There are also some remarkably fine wax specimens. In the 11th room there is a colossal bust of the distinguished Cuvier, by David d'Angers. The fossil remains are much inferior in number and rarity to those of the British Museum, and are also badly arranged, on the ground floor. The number and extent of large stuffed animals is also inferior to those found in the British Museum, being all huddled together, and not so well arranged.

The Gallery of Zoology.—This building is 390 feet in length, and has two stories besides the ground floor, and is filled from floor to roof with a truly matchless collection of fishes, turtles, aquatic and other birds, and reptiles. The largest dried specimens are suspended from the ceiling. The fourth room contains the crustacea; the fifth, the largest collection of apes that I have seen; the sixth, zoophytes, sponges, nautili, &c.; and the seventh, the quadrupeds. From here we pass to a series of four vaulted rooms, the two first and the last containing various specimens of mammalia. The third is a very long vaulted room, and is filled with 10,000 specimens of birds from all lands. Great praise is due for their perfect arrangement, especially those in the circular cases in the centre of the room.

The Mineralogical and Geological Museum.

—This most admirable and valuable collection, with its perfect arrangement for study and examination, is in the building on the south-eastern corner of the garden,—not in an out of the way corner like some of our home collections. It consists of two stories, and is 540 feet long by 40 wide, and 30 high. It is divided into three compartments by two doric porticos. In the centre are two statues, representing Geology and Mathematics. The entrance nearest to the Zoological Gallery, leads to an ante-room, giving access to an amphi-

theatre for lectures in front; to the Library on the right, and to the Mineralogical collection on the left. This latter is contained in a long room, with thirty-six columns, and lighted from above. It has galleries on either side, under which are laboratories and rooms for the professors and attendants. The walls at both ends of the room are adorned with paintings, illustrative of interesting Geological formations. At this end is placed a most wonderful specimen of meteoric iron, weighing 1304 lb., which is stated to have fallen in the department of the Var. Horizontal cases contain the minerals in the centre, with intervals between them for very large or rare specimens. In front of the galleries are arranged upright glass cases, in which specimens are admirably seen, and at intervals, those minerals which are employed in the arts, are grouped together in similar cases in front of the pillars. The galleries contain specimens of all the known rocks and fossils. The light upon them is perfect, and the arrangement creditable to those who planned these buildings. The number of specimens in both collections is stated to be about 60,000.

Botanical Gallery.—This gallery is better arranged than the collection of its rival, in the British Museum. The number and variety of trees, woods, bark, roots, and fruits in wax, with the truly natural collection of fungi, also in wax, is truly wonderful and gratifying. The total number of dried plants exceeds 400,000, and of woods, fruits and grains, 5,000. I did not examine the herbal, which consists of 50,000 species. The Library, which is stated to contain 30,000 volumes, and 15,000 pamphlets, of works on natural history, was not open.

L'ECOLE DE MEDICINE.

In the year 1469, the first Medical School was established in Paris, and in 1472-7, buildings were erected for that purpose in the Rue de la Bucherie. On the union of the faculty of medicine with the School of Surgery, they removed to the new school of the latter, the present edifice, which was inaugurated in 1776, in which they have now been 83 years. It is situated in one of the densest portions of Paris, surrounded with small shops, in a narrow street, and is not in a fit condition to contain the most brilliant School of Medicine in the world. It is truly surprising, while Paris has undergone such important and beautiful alterations, to find this celebrated school in so poor a neighborhood, with such a building, and at a distance

from every park or public ground (and these so numerous in Paris,) suitable for recreation or exercise. The seats which the students have to occupy have no backs, and are narrow and dirty. It is well they have not to pay for them, else they would have rebelled long ago.

The Faculty of Laws have a magnificent building in one of the open spaces in the city. Even the buildings for public entertainments are grand in location in comparison with this invaluable school of medicine, which I fully expected to find in the outskirts of the city, a magnificent building, surrounded with grounds, fit lungs for the 1400 students which fill its amphitheatre. The building has a front on the street of 198 feet, and the lateral wings are connected by a portico formed of a double range of coupled Ionic columns, interrupted by an arched entrance, leading into a rectangular court. This is 66 feet by 96. The portico leads to the amphitheatre; it is lit by a sky-light. The lectures here are all gratuitous, and are delivered by twenty-six professors. The student must take thirteen inscriptions, and each time be examined and pay his fees. He must have attained the age of eighteen, and pursued his studies during four years, and at the commencement of every third month he must inscribe his name at the bureau of the faculty; he must also show a diploma of a bachelor of sciences. Those who have graduated elsewhere cannot obtain a French diploma, without paying all the University fees, which are 1260 francs, or about 252 dollars.

The external portico, before spoken of, leads to the great staircase on the left. There is a fine bronze statue of Bichat in the court, and besides the grand staircase, there is a plaster statue of Breschet, with his hand on the heart of a boy, marked "*rechercher sur la vie et la mort.*" On ascending the stairs, a door opposite leads to the Museum of Comparative Anatomy of Orfila, which although small, is most remarkable for the care and perfection of its anatomical preparations. So many elaborate injections and dissections I have never seen in any of the collections in London, Leyden, Edinburgh or Glasgow. The first specimen which attracted my attention was that of the respiratory apparatus of the ostrich. The immense capacity of the thorax was beautifully shown; also the air canals of the humerus. This preparation was by M. Sappy. In another case was an elaborate preparation of the bones of the head and teeth of the car-

nivora, by the distinguished surgeon, M. Chassaignac. There are also numerous splendid ligamentous preparations by P. Dennei; also, valuable specimens prepared by Professor Velpeau; very fine ligamentous preparations of the knee-joint and arterial supply, by Chassaignac; of the carotid plexus and arteries of the face and neck, by Donouvilliers. Also, of the nervous system by the same surgeon. There is a most complete model of the muscles of man in the centre of the room, by Dr. J. Talrech. The second room is devoted to spinal and regional anatomy, and are most admirable specimens for the study of parts which are usually hid in the ordinary injections and dissections. There are also five sets of microscopic preparations, with lenses and microscopes to examine them. There are injections of the veins of the jejunum and ilium, also of the capillaries, face and hand, by Bourguey et Ludom, Hirschfeld and others. A remarkably fine specimen of injected capillaries of the face is marked from Baron Larrey. A circular staircase leads to the gallery, which contains injections of the lymphatic system; also, an interesting series of preparations illustrating *embryology* in its various stages. There is also an interesting and instructive tableau de accouchements, invented by P. Dufrey, M.D., in 1821. It is a beautiful female, painted on a large wooden frame with gilt edges. The portion of the board representing the abdomen and organs of generation is movable, having a series of pannels on which are painted the several stages of labor. There is a very perfect collection, 112 in number, of the ossicula of the ear of man and animals, from the embryo of six months; also, some fine wax models of the ear. There is a preparation by M. Gros, of the nerves of bone, carefully prepared. I have not, I know, done justice to this beautiful collection, which has been truly the work of the masters in our profession. There is a third room, which contains a fine collection of *materia medica*, and articles employed in medicine, with the surgical instruments of all ages, and here are arranged microscopes with numerous specimens, for free examination by the student. Passing into the cabinet to the right, there is a fine library of medical works, to which the student has access. I noticed some fifteen or twenty taking advantage of the privilege.

August 18. Visited to-day the *Hospital de la Pitié*, 1 rue Lapepède, which is a hospital annexed to the Hotel Dieu. It is near the

Garden of Plants. It was founded in 1612, and is so named because its chapel was dedicated to *Notre Dame, de la Pitié*. The buildings are spacious, and contain 624 beds. The average number of patients yearly is stated to be 10,750, and the mortality 1 in 11.50. The physicians are Drs. Marotte, Gueneau de Mussy, Gendrin and Berntz. Surgeons, MM. Michon, and Maisonneuve. It being Maisonneuve's day, we saw him visit the wards. He is a short stout man, with a dark eye, slightly grey, and bald, with a nose *air la trousque*, with a very active, energetic movement. He made all the dressings himself, making a pleasant remark, or joking so as to cause a smile to go the rounds. He has a hobby at the present time, in a new disinfecting agent, namely, bullock's blood as prepared, when it is employed in refining sugar. This he mixes with oil to the consistence of an ointment, and applies it to all forms of ulcers, and to open cancerous ulcerations of the os uteri, &c., alternating it by the use of glycerine. The wards were clean and neat, each containing twenty beds, ten on each side. It has twenty-five nurses, Sisters of St. Martha, who attend the patients. There is no division in the diseases, in the mens' or womens' wards. Syphilitic, tuberculous, cancerous, and diseases of other classes, with the eye cases, all are together, and in the hurry with which he passed through his wards, but little was to be learned by the student or medical practitioner.

L. T.

Periscope.

FOREIGN.

By DR. L. ELSBERG, OF NEW YORK.

Curative and prophylactic effects of Bromine in Pseudo-membranous affections.—DR. OZANAM states (*Gazette Des Hôp.* 61, 1859) that since he first made the efficacy of preparations of Bromine in croup known to the profession, (now three or four years ago, if we remember rightly) his favorable reports have been fully confirmed by his own enlarged experience, and that of many who have followed his mode of administration. The usual solvents for bromine, alcohol, ether, chloroform, and also glycerine, he entirely discards on account of the formation of bromoform, hydrobromic acid, etc., and since water dissolves

a variable quantity, according to temperature, and the more or less thorough shaking up, he directs 2 drops pure bromine, (10 ctgrmm, $1\frac{1}{2}$ grains) to 100 grmm, (3 oz. 1 dr. 4.44 grs. by weight) of distilled water to be shaken until entirely dissolved. The solution has a fine amber color, and in well stopped bottles may long be kept unchanged. Addition of a quantity of bromide of potassium equal to that of bromine, will entirely prevent formation of acid and decomposition. Of the *agua brominii* thus prepared, he commences with 1 to 5 drops daily, taken in a tumbler of water or mucilaginous mixture, a tablespoonful or two at a time. If it does not disagree with the stomach, the dose may be increased to 25 or 30 drops daily. This medicine he uses in all cases of croup or croupous affection, and claims for it not only curative but also prophylactic powers, having proved the latter in several families, and in a large school for girls, where some of the members becoming affected with membranous angina, he claims to have protected all the others by giving them aq. brom. internally, and placing vessels with bromine water in the rooms.

Clemens' solution.—In the REPORTER of May 7th, (vol. ii. p. 131,) we spoke of Dr. Clemens' solution of arseniated bromide of potassium. We now earnestly urge our readers to give it a trial on account of the reaccumulated evidence from Europe of its excellent *tonic, alterative and resolvent* properties, as used in cases of intermittent fever, of chronic cutaneous diseases especially of syphilitic origin, of syphilitic swelled testicle, and one case of tumor albus of the knee. We have employed it in but one case as yet—secondary and tertiary syphilis of six or seven years standing—and think it was the only medicinal agent that benefited our patient, who is now well, after three and a half months' treatment. Dr. C. prepares his solution as follows:

R. Pulv. arsen. albi. depur.

Potassæ subcarb e tartaro, aa ʒj.

Coq. c. aq. dest. fbss ad perfect. solut., refrig. add.

aq. destil. q. s. ut fiat solut. ʒxij

Dein add. brom. pur. ʒij.

This solution must be shaken several times daily for a week; it will become colorless in four weeks time, when it is ready for use, and must be kept in the dark. The dose is 3–4 drops in a glassful of water once or twice a day. "*No other medicine seems to act so rapidly and certainly as a tonic to the whole system.*"

Marriage and Celibacy in relation to Longevity. In 1851 the population of France exceeded 36 millions. Of these 13,935,046 individuals were married. 8,564,049 single (4,014,105 males, 4,549,944 females); 2,524,092 widowed, (836,509 males, and 1,687,583 females.) Of the *married*, under 20 years, the mortality was very large as compared with that of single persons of the same age, confirmatory of the injurious effects of too early marriage, being 1.4 per cent of the women and 0.9 of the men, to 0.7 of unmarried females and 0.6 of unmarried men. Between the ages of 20 and 30 years, the mortality of married women is greater than that of married men, probably principally on account of the dangers of parturition, which are in France increased from the fact that general midwifery is left almost entirely to unskillful female hands. From 30 years to 50 years it is about the same in both sexes, and after that, slightly greater in the males. Stating the per centage by the thousand instead of by the hundred, it is as follows:

Age.	Married Men.	Married Women.
50-60	18.3	16.3
60-70	35.4	35.4
70-80	88.6	84.9
80-90	183.6	180.4

Of the *unmarried*, while under 20 years, the mortality is proportionately greater in the female sex; it is, after that time, greatest in the male. This is no doubt, to a great extent, due to the military service.

Age.	Unmarried Men.	Unmarried Women.
Under 20	6.0	7.0
20-30	11.3	8.7
30-40	12.4	10.3
40-50	17.7	13.8
50-60	29.5	23.5

Comparing the mortality of the unmarried females with that of the married, the comparison is in favor of the unmarried under the age of 20 years, as already seen, and also from 20-25 years, being at this age 8.5 in the unmarried to 9.8 in the married. But after that age, the proportion is different, thus:

Age.	Married.	Unmarried.
25-30	9.0	9.2
30-40	9.1	10.3
40-50	10.0	13.8
50-60	16.3	23.5
Over 60	35.4	49.8

The comparison of the mortality of married and unmarried men yields similar results.

The per centage of mortality of *widows* is at all ages under 40 years much greater than that of single women, and considerably less than that of the latter over 40 years, but it is always greater than that of the married women whose husbands live. The proportionate mortality of *widowers* under 40 years is rather favorable, but after 40 years becomes much greater than that of married or single men. By the above statistics it is again proved that marriage, when not too early contracted, favors longevity. We must, however, take the fact into consideration, that the ideas of marriage and celibacy are not very sharply separated in France, and that concubinage is extensively practiced.

Anæmia Lymphatica is a term applied by Dr. Wilks to a peculiar condition, the essential features of which are the most extreme pallor of anæmia, enlargement of one or more groups of the lymphatic glands, and a peculiar morbid condition, with occasional enlargement of the spleen, depending upon the deposition of an opaque white lardaceous material, in isolated masses, or diffused through the substance of the organ, and resembling bacon-rind. The *Lancet* says, that the malady is so striking, and yet so peculiar, that when carefully studied it is almost impossible to mistake its identity. In relation to six distinct cases which have been reported, Dr. Wilks observes in regard to the symptoms during life, and the appearance after death:—

“Their uniformity is too considerable to constitute merely a coincidence between the glands and the spleen, and therefore there is, without doubt, a peculiar form of affection involving these organs, accompanied by an anæmic cachexia, prostration, and death. I say, a peculiar affection,—for, though allied to the tubercular, I believe it to be one not yet recognized under the ordinary forms of disease.”

A case of corneal fistula, occurring in an old cicatrix of the cornea, which resisted treatment by nitrate of silver in the ordinary manner, has been closed, by Mr. Dixon, by the following operation:—

Having touched the fistula with the nitrate of silver, he made a counter-opening, evacuating the aqueous humor. While the cornea was thus rendered flaccid, the fistulous opening permanently closed; the eye being kept at rest with adhesive strips.

Division of the tendon of the rectus femoris has been performed by Mr. Brodhurst, at the Orthopædic Hospital, London.

The case was one of great deformity from irregular union of fractured femur, which had occurred two years previously. There existed very slight motion of the knee joint, which was stopped suddenly as if by a projection of bone. It was evident that the contracted condition of the quadriceps extensor was the cause of the immobility, and it was therefore determined to divide the tendon of the rectus femoris.

The division was effected from an inch and a half to two inches above the patella, so as to avoid the bursa. Gradual flexion of the leg has been continued, and it is believed that the motion of the joint will be fully restored.

Fossil Pathology.—The *Lancet* says, that Mr. Serres has found on fossil bones evidence of pathological affections similar to those of the present day, such as exostosis, periostosis, etc.

Solid Perchloride of Iron as a Styptic.—In a recent communication to the *Medical Times and Gazette*, Mr. J. Z. Lawrence called attention to the powerful local styptic properties of the solid perchloride of iron. In the same journal of August 27th, he proposes a superior method of employing it. "If the solid perchloride of iron be kept in a bottle, a small portion of it, after a time, deliquesces into a thick brown fluid, which is kept in a constant state of super-saturation by the undeliquesced portions of the salt. This liquid, applied by means of a spun-glass brush to a bleeding surface, arrests the bleeding almost instantaneously." Mr. L. recommends this method of application especially in excision of the tonsils, bleeding from the deeper seated gums, etc. He has never known inflammatory action to follow the use of the solid perchloride.

Strangulated Congenital Inguinal Hernia. Dr. Reed B. Bontecou, of Troy, N. Y., reports, (*Am. Med. Monthly*), a case of strangulated congenital inguinal hernia in a boy, aged thirteen years. He did not see the patient until the third day after strangulation occurred. A large mass of omentum was removed by ligaturing and then excising the ligated portion. The patient was kept under the influence of opium in three grain doses given every six

hours. He was discharged on the 17th day after the operation with a *radical cure* of his hernia.

Medical News.

The *Medical Times and Gazette* says, that a committee has been formed at Berlin, consisting of the most eminent men in every department of science, for the purpose of raising a fund to establish a "Humboldt Foundation," as a perpetual memorial of their great countrymen. The main objects of the "Foundation" are the encouragement of philosophical research and of scientific voyages.

Ayers, of Patent-Medicine notoriety, seems to have taken up the scalpel lately. In an affray with Mr. Fay, Secretary of the Middlesex Mills Company, in Boston, a few days ago, he made rather a clumsy vivisection in that gentleman's abdominal region, severing an artery, endangering his life, and placing the "doctor" under \$20,000 bond to answer, in case death should result.

Dr. O'Keefe, in reply to our recent notice of his letter to the *Atlanta Medical and Surgical Journal*, giving an extraordinary account of New York, says:—

"I spent seven days in Philadelphia, not with my eyes cautiously shut, as the 'Reporter' has it, but diligently in search of such clinical advantages as I needed. If they existed there, I failed to find them; not but what there are numerous hospital institutions in the city, but it seemed to me so many obstacles and restrictions were thrown in the way, that I left Philadelphia under the serious apprehension that I should not obtain that full and free access to disease which I desired."

We regret that he was unable to find the clinical opportunities of this city. He must have been bewildered among the multiplicity of hospitals, and in the predicament of the individual, who "declared he could not see the town, there were so many houses."

Dr. O'Keefe was certainly neglected by the profession of this city, as they did not take him around to show him the hospitals,—and for this he feels sore. But the fact is, that visiting lions are so frequent here, that their novelty does not attract so much attention as is the case in the less-frequented region of New York, where, he says, the clinical advan-

tages were "literally pressed and crowded on him."

However, we are willing to atone for the above neglect, which he feels so sensitive about, and will offer to show him where he can find, in this city, unequaled clinical advantages in the largest and best hospitals in this country; and, as Dr. O'Keefe is evidently a gentleman of intelligence, he will be able to appreciate them.

Dr. Von Moschzisker.—This gentleman having returned to this city, has called on us, and satisfied us of his ability and willingness to settle certain "little bills" that we intimated in a recent number had been left outstanding. With the credentials and abilities that Dr. M. claims to possess, we cannot help thinking that he has committed a grave error in hitherto identifying himself with roving quacks rather than with the medical profession. If he has any claim to skill as a surgeon, (and he expresses a perfect willingness to abide the severest tests,) it belongs, in consideration of the source whence his knowledge was obtained, *by right*, we may say, to the profession through whose portals he has a passport. How a man who really possesses high credentials as a medical man, and abilities as a practitioner, can occupy whole columns of newspapers in an offensive parading of his professions before the public one day, and then leave the next for a distant point, to go through the same process there, we cannot conceive, or if he obtains patients, we do not understand how he can do them full justice. We trust that Dr. M. will, in accordance with an intimation made to us, forsake these objectionable modes, identify himself with the profession, and trust to merit to place him in that position as a surgeon, which will enable him to respect himself, to be respected by others, and which, if he possesses the abilities he claims, will bring its sure reward, while, if he continues to pursue the opposite course, he must of necessity be classed with irregular practitioners.

Obstetric Engagements binding.—The *Lancet*, in reply to a correspondent, makes the following remarks:—

"When a patient engages a medical practitioner to attend her in confinement, it is a contract binding upon both parties; it would be disastrous if this were not the case. It is a contract which involves the interests of the community far more than that of the profession.

"The woman engages a practitioner of reputation and skill to assist her in the hour of 'nature's sorrow;' she holds him in equity bound to fulfil his contract. It would be monstrous, indeed, if under any influence of wilful or caprice she should be allowed to break a contract of such a nature. The law does not allow her to do it; and, if a gentleman has been so engaged, and is ready to fulfil his engagement, the law will protect him, and he will be able to recover his fee whether he be called to officiate or not. When not called, we have never been advocates for a practitioner resorting to his legal remedy; but forbearance may have its limits, and there may be cases in which a legal tribunal may justly uphold not only the rights, but the dignity of the profession. Contracts of this nature are not to be entered into lightly, or without reflection; and when they are made, they are to be regarded as solemn obligations to be fulfilled by both parties."

Dr. L. P. Yandell.—The trustees of the Memphis Medical College have had the wisdom to elect Dr. L. P. Yandell, late of Louisville, to the Presidency of that flourishing institution in the place of Dr. Pittman resigned. Dr. Y., by his tact, and talent, and marvelous energy, will make the Memphis Medical College, in a very short time, one of the most prosperous in the western country. As an officer of a medical institution, he has few equals anywhere.

Lectures on Botany.—Dr. J. G. Cooper is delivering a course of Lectures on Botany at the College of Physicians and Surgeons in New York. The lectures are given at 2½ o'clock P. M., on Tuesdays, Thursdays, and Saturdays. This is a subject to which medical men do not pay sufficient attention.

M. Flourens, in a note addressed to the Academy of Sciences, claims to have discovered and demonstrated by experiments, as long ago as 1829, the part that the dura mater plays in the formation of the bones of the cranium.

Army and Navy News.—A Medical Board, to consist of Surgeon C. McCormick and Assistant Surgeons C. C. Keeney and R. Murray, has been ordered to assemble at San Francisco, Cal., on the first day of November

next, for the examination of Assistant Surgeon T. A. McParlin, for promotion in the Medical Staff of the Army. On the completion of his examination, Assistant Surgeon McParlin will return to his proper station at Fort Walla-Walla, W. T.

Assistant Surgeon S. W. Crawford has been ordered to repair to New York city, thence to report, by letter, to the Surgeon General of the Army.

Leave of absence for thirty days is granted Surgeon J. Simons, Medical Department.

The *Journal de Bruges*, says that an intermittent fever rages at the present moment, with fearful violence, at Dixmude and its suburbs, (Belgium.) Entire families are attacked. The hospital at Dixmude is completely filled with patients, and every day the fever is extending its ravages more and more. There are at Dixmude only six doctors, who have now under their care about 1500 sick. The want of water in the ditches, which consequently exhale the most noisome effluvia, appears to be the cause of this malady.

The medical profession of this city will be gratified to know that a full and correct directory of Philadelphia is in preparation by S. E. Cohen, to be issued by the first of next January.

The inaccuracy and incompleteness of the only directory for a long time published, will make the new one very acceptable. The enterprise has been extensively patronized. Subscriptions can be sent to the office, No. 606 Chestnut street.

ANSWERS TO CORRESPONDENTS.—*Dr. C., Luzerne Co., Pa.*—Hydrocele may be treated successfully by the seton. The method we are in the habit of employing is first to puncture the sac of the tunica vaginalis by the ordinary trocar and canula, and after evacuating the fluid, before removing the canula, carry through it a long needle, armed with half a dozen threads of silk, and bring it out some distance above. The canula may now be removed, the seton knotted and allowed to remain three days or longer, if the requisite amount of inflammation is not excited; after which a single thread should be removed every day until all are taken out.

Dr. E., Boston.—The chloroform made by Powers and Weightman, of this city, is in extensive use, and believed to be perfectly pure. It is probably as reliable as that to which you allude, which is imported and sold at an exorbitant price.

Dr. F., Darlington District, S. C.—A truss was forwarded on the 12th, according to your directions.

MARRIAGES.

STRADLEY—WADSWORTH.—On the 15th inst., by Rev. M. N. Morris, at the residence of the bride's father, Hartford, Ct., Dr. John Stradley, of Wilmington, Delaware, to Miss Carrie E. Wadsworth.

ROWE—WHEAT.—On the 7th instant, in Branford, Conn., by Rev. A. C. Wheat, Dr. J. Walton Rowe, of Philadelphia, to Miss Maria P. Wheat, of Louisville, Ky.

ATLANTA MEDICAL COLLEGE.

PREPARATORY COURSE.

IN addition to the regular Summer Course of Lectures, which opens on the first Monday in May, a preparatory course of instruction has been established by the Faculty.

The second session of the Preparatory or Winter Course will commence on the first Monday in November next, and continue until the last of the following February.

Lectures will be given daily by the Professors of the College, with examinations, dissections, and clinical instruction, as in the regular Summer Course of Lectures.

This Preparatory Course will not count as a full course in the requisites for graduation, neither is it obligatory on a student in order to be admitted to examination at the end of the regular Summer Course.

The fees for the Course amount to fifty dollars, which amount will be deducted from the fees of the ensuing Regular Course.

For Further information, address

J. G. WESTMORELAND, Dean.

Atlanta, Ga., Sept. 16, 1859.

153

PHILADELPHIA SCHOOL OF ANATOMY,

At the Upper End of College Avenue,

Entrance from Tenth st., between Market and Chestnut sts.

WINTER ANNOUNCEMENT.

The Winter Term in this old established Institution will commence on the 1st of September, and continue until the 1st of March.

The opportunities for prosecuting Practical Anatomy are equal to those in any of the Colleges.

There are two large dissecting rooms, well ventilated and amply supplied with gas, water, and material. Lecture rooms, and anatomical museum, provided with everything necessary to elucidate this branch.

A full course of lectures on special and surgical anatomy will be delivered at such hours in the evening as will not interfere with the college engagements.

The Anatomical Rooms will be open every day, from 8 o'clock A. M. until 10 o'clock P. M. The Lecturer, or his Assistants, will be constantly present, to aid students in their dissections.

Students are not compelled to take their dissecting ticket in the colleges

Fee for the whole course, \$10.

D. HAYES AGNEW, M. D., Lecturer,

No. 16 North Eleventh street.

DEMONSTRATORS.

J. T. DARBY, M. D.

ROBT. BOLLING, M. D.

R. J. LEVIS, M. D.

D. D. RICHARDSON, M. D.

WM. FLYNN, M. D.

151

TO PHYSICIANS AND DRUGGISTS.

A CORNER DRUG STORE, AN OLD STAND, prominently and pleasantly located, and doing a good business, will be sold low, with or without the property. The proprietor, a physician, has conducted the business for the last ten years, intends leaving the city, and would use his influence to secure the continuance of a respectable practice and custom to a worthy successor. This is a rare chance for a competent and industrious person. References of the highest respectability given. For particulars, address "Physician," care of

CHAS. ELLIS & CO., Druggists,
Philadelphia.

151-3t

PROSPECTUS OF VOLUME THIRD.

In announcing the commencement of the Third Volume of the MEDICAL AND SURGICAL REPORTER, in its Weekly Form, the Proprietors embrace the opportunity of returning their thanks to the Profession for the very liberal support they have given it. And they desire in an especial manner to acknowledge their indebtedness to their brethren in this city for the encouragement they have received at their hands. The eminent success which has so speedily crowned the attempt to establish a Weekly Medical Journal in the emporium of medical teaching and literature in this country, has fully vindicated our judgment in inaugurating the enterprise. Weekly publications conducted on the plan we have adopted—which have been so long popular in Europe—may be now considered as firmly engrafted for the first time on the medical literature of our country. The advantages of a weekly medical literature are so evident that we shall be content with a mere reference to them.

As an evidence of the favor with which the REPORTER has been received by the profession of the country and of its adaptation to meet the wants of the general practitioner, we would mention that we find, on reference to our books, that already there is not a State in the Union that does not furnish us with actual subscribers. New York gives us subscribers in twenty counties; New Jersey gives us her almost undivided support; Pennsylvania gives us subscribers in thirty-nine counties, Virginia in eighteen, North Carolina in ten, Georgia in twenty-six, Alabama in ten, Kentucky in nine, Iowa in seven, Illinois in fourteen, Ohio in twelve, etc., etc. We mention these States as representing every section of the Union. In some towns, containing from three to half a dozen physicians, *all* of them are subscribers to the REPORTER.

The following is the plan of the work:

1. Original Lectures on Special Departments of Medicine and Surgery.
2. Original Communications.
3. Illustrations of Hospital Practice; being original reports from the clinical teachings of the Hospitals and schools of this and other cities.
4. Reports of papers read, and discussions had before Medical Societies.
5. Editorial Department, comprising—
A Weekly Domestic and Foreign Periscope.
Brief Reviews and Notices of Books.
Editorial Articles,
Correspondence,
Medical News.

The Communications which have been in course of publication since the commencement of the second volume

ON ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY,

will be continued, and will be found to increase in interest as they progress. They will be fully illustrated, and when those portions of the body are treated of that are the most liable to injury, they will be found to afford to the physician practical information that he will seek for in vain in the books. These articles, when completed, will make a most thorough work on Anatomy, and divest the subject of what have been regarded as its uninteresting features.

The Reports of *Hardy's Lectures on Diseases of the Skin*, which have been interfered with by the illness of Dr. Bolling, will be resumed soon. The Clinical Department, under the head of

ILLUSTRATIONS OF HOSPITAL PRACTICE,

will be sustained with vigor, and shall not be surpassed by any similar reports in this country. The reports of the clinical lectures will be taken down by a competent reporter, and then be submitted to the revision of the lecturers; and thus this department will be a true exponent of the teaching and practice of the most distinguished teachers of medicine in our country.

We shall give correct reports of the most important *Debates before our Medical Associations*, which will be found to convey much practical information in a very interesting and pleasant style.

The *Editorial Department* will receive special attention. Under it we shall discuss matters of general interest to the profession, publish home and foreign correspondence, and give a full weekly summary of MEDICAL NEWS. We shall also give increased attention and space to the

PERISCOPE DEPARTMENT

of the work, under which we shall give full summaries of Domestic and Foreign Medical Literature.

It will thus be seen that we propose to make the REPORTER a complete and PRACTICAL exponent of Medicine and Surgery in all their departments. To the full attainment of this object nothing that our means can command will be spared, and we confidently look to the profession for their countenance and support.

The REPORTER is issued every Saturday morning, each number consisting of twenty-four pages of super-royal octavo size, and printed with a clear type on good paper. There are two volumes a year, with index and title page. *The Volumes begin on the first of October and April.*

Terms.—The subscription price is \$3 a year, or \$1.50 for six months, payable in advance. Subscriptions must begin with and include a volume. *The REPORTER will only be sent to those who pay for it.* Notice will be sent to subscribers at the termination of their subscriptions. Current paper, postage stamps or gold, (firmly secured between cards or thick paper, and the envelope well closed,) will be received in payment.

The REPORTER can be supplied from the commencement.

Communications, Essays, Items of Intelligence, Biographical Sketches of distinguished men, etc., etc., are respectfully solicited.

Address "*Editors of the Medical and Surgical Reporter*," Philadelphia, Pa.

S. W. BUTLER, M. D., } Editors.
R. J. LEVIS, M. D., }



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled "Artificial Legs."* After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.
B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

DR. McCLENACHAN'S MECHANICAL SURGERY,



NO. 50 NORTH SEVENTH STREET,
PHILADELPHIA.

Where Physicians may be supplied with all kinds of appliances for the treatment of weaknesses and deformities, such as

TRUSSES,

ABDOMINAL SUPPORTERS,

Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

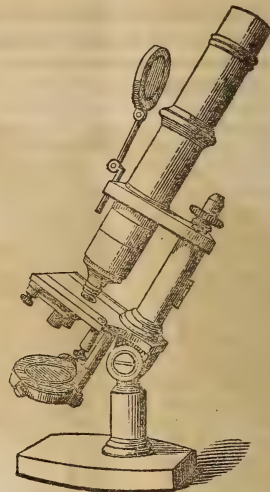
His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

120

MICROSCOPES.

THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersigned. Also,



MICROSCOPIC PREPARATIONS, consisting of sections of BONES and TEETH, URINARY DEPOSITS, TISSUES, BLOOD CORPUSCLES, INJECTION OF PORTIONS OF LUNGS, SKIN, STOMACHS, &c., SECTIONS OF WOOD, VEGETABLE PRODUCTIONS, INSECTS, INFUSORIA, &c., &c.

Glass Slides and Covers, Papers, Thin Glass, Balsam, Gold Size, Forceps, Pliers, Needles, and every requisite for the microscopist to prepare his own specimens.

Pocket Microscopes, Ear Microscopes, Ophthalmoscopes, Urinometers, Surgeon's Thermometers, and Magneto-Electrical Machines.

Books upon the microscope and microscopic manipulation, ophthalmoscope, &c.

Priced and illustrated catalogues furnished or sent by mail gratis.

123—1y

JAMES W. QUEEN & CO, OPTICIANS,
924 Chestnut St., near Tenth, Phila

Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1859-60.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMBEL TAGGART, M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOEBRECHT, M. D., " Anatomy.
THEODORE A. DEMME, M. D., Demonstrator of Anatomy.

The Session of 1859-60 will commence on Monday, 10th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the 1st of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in the city.

FEES.

Matriculation (paid once only)	\$ 5 00
For each Professor's ticket	15 00
Graduation	30 00

LEWIS D. HARLOW, M. D., Dean,
No. 1023 Vine, below 11th Street.

141

ADVERTISEMENTS.

NATHAN STARKEY,

MANUFACTURER OF

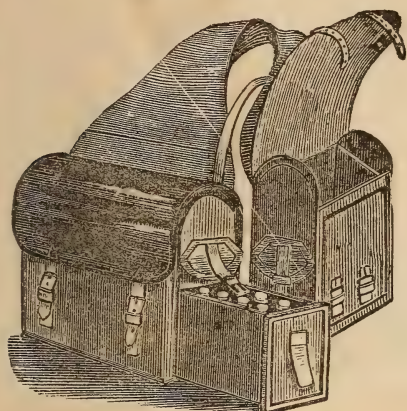
MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

No. 116 South Eighth Street,

Between Chestnut and Walnut Streets,

PHILADELPHIA, PA.



MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers. Flat Pattern, with Pockets. Box Pattern, with Trays to lift out.

No. 4, cont. 24 Ground Stopper Bottles,	\$10 50
Extra, with pockets,	11 50
Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext. No. 8, with pocket,	10 50
A. " 8, containing 24 1 oz. Fluted Vials,	8 75
No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A. " 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

No. 12, cont. 28 1 oz. Ground Stopper Bottles,	\$11 55
" 7, " 24 1 oz. " " "	10 55
" 6 & 11 " 20 1 oz. " " "	9 50
Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 70

Flat Pattern, with Pockets.

No. 1, cont. 24 Ground Stopper Bottles,	\$10 00
" 2, " 20 " " "	8 50
" 3, " 16 " " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1, containing 44 Ground Stopper Bottles, 4 pots,	\$18 00
No. 2, " 56 " " " 4 "	19 00
No. 3, " 48 " " " 4 "	17 50
No. 4, " 57 " " " 4 "	13 50
No. 5, " 32 " " " 4 "	12 50
No. 6, " 27 " " " 4 "	10 50
No. 7, " 20 " " " 4 "	8 50
No. 8, " 15 " " " 4 "	6 50
No. 9, " 14 " " " 4 "	5 00

Mahogany Medicine Chests. Wing Pattern, with brass mounting, and superior finish. 118

J. H. GEMRIG,

No. 109 South Eighth Street, below Chestnut,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a general assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Lewis, M. D., " "
Isaac Hays, M. D. " "
P. B. Goddard, M. D. 118



PHILADELPHIA SURGEONS'

Bandage Institute, (patronized by the Medical Faculty), No. 14 (late 4) North Ninth street, West side, the Sixth Store above Market. B. C. EVERETT, Principal.

ESTABLISHED IN 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequalled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett 126-y.

SCHAEFER & KORADI,

South-west Corner of Fourth and Wood Streets,

Have received—

HANDBUCH der RATIONELLEN THERAPIE vom hentigen Standpunkt wissenschaftlicher Forschung und klinischer Erfahrung für praktische und angehende Aerzte bearbeitet von Dr. Theodor Wittmaack. 2 vols. octavo, 1859. Price \$5.

COLLEGE OF PHYSICIANS AND SURGEONS

IN THE CITY OF NEW YORK.

Session of 1859-'60.

THE ANNUAL SESSION WILL BE OPENED ON MONDAY, 17th October, 1859, and continued until the second Thursday of March, 1860.

EDWARD DELAFIELD, M. D., President.
JOSEPH M. SMITH, M. D., Prof. of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.
WILLARD PARKER, M. D., Prof. of Surgery.
CHANDLER R. GILMAN, M. D., Prof. of Obstetrics and Medical Jurisprudence.

ALONZO CLARK, M. D., Prof. of Pathology and Practical Medicine.

JOHN C. DALTON, Jr., M. D., Prof. of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Prof. of Chemistry.
THOMAS M. MARKEE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOT, Jr., M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy.
Fees.—Matriculation fee, \$5. Fee for Professors' Ticket, \$105. Demonstrator's ticket, \$5. Graduation fee, \$25.

The Fall Course will be commenced on the 19th September, and continued until the opening of the Regular Course, as follows:

Anatomy of Heart and Arteries, by Dr. WATTS.
Meteorology as applied to Hygiene, by Dr. ST. JOHN.
Physiology of the Circulation, by Dr. DALTON.
Venereal Diseases, by Dr. F. I. BUMSTEAD.
Practical Surgery, Dr. E. ACOSTA.

Also, Four Cliniques a week, during the entire Session, by Drs. PARKER, CLARK, DETMOLD and ELLIOT. The full Course is free to the Students of the College.

The "Harsen Prize," a gold medal of the value of Fifty Dollars, besides not less than a hundred dollars in money, will be awarded to that Undergraduate of the College who shall prepare the best written report of the Clinical Instruction in the New York Hospital during any four months of the year immediately preceding the Annual Commencement in March.

The "Faculty Prizes," one of Fifty Dollars, one of Twenty-five dollars—will be awarded to the two best Graduating Theses, presented during the year.

148

ROBERT WATTS, M. D., Dean.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1859-60.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. MCQUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUESSEROT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S.
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
[Demonstrator of Mechanical Dentistry.]

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

W. CALVERT, Dean,
133 North Eleventh street,
Philadelphia.

J. M. MIGEOD,

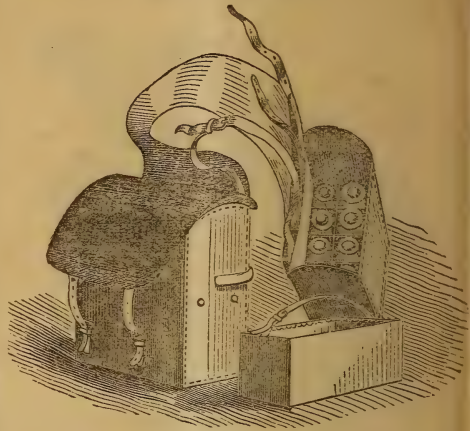
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley.)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	
	12 1/2 oz. " " and	\$9 50
No. 2, containing	10 1 oz. " " and	8 50
	10 1/2 oz. " " and	
No. 3, containing	8 1 oz. " " and	7 50
	8 1/2 oz. " " and	

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " " "	9 50
No. 6, " "	16 1 oz. " " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " " "	9 50
No. 9, " "	16 1 oz. " " "	8 50

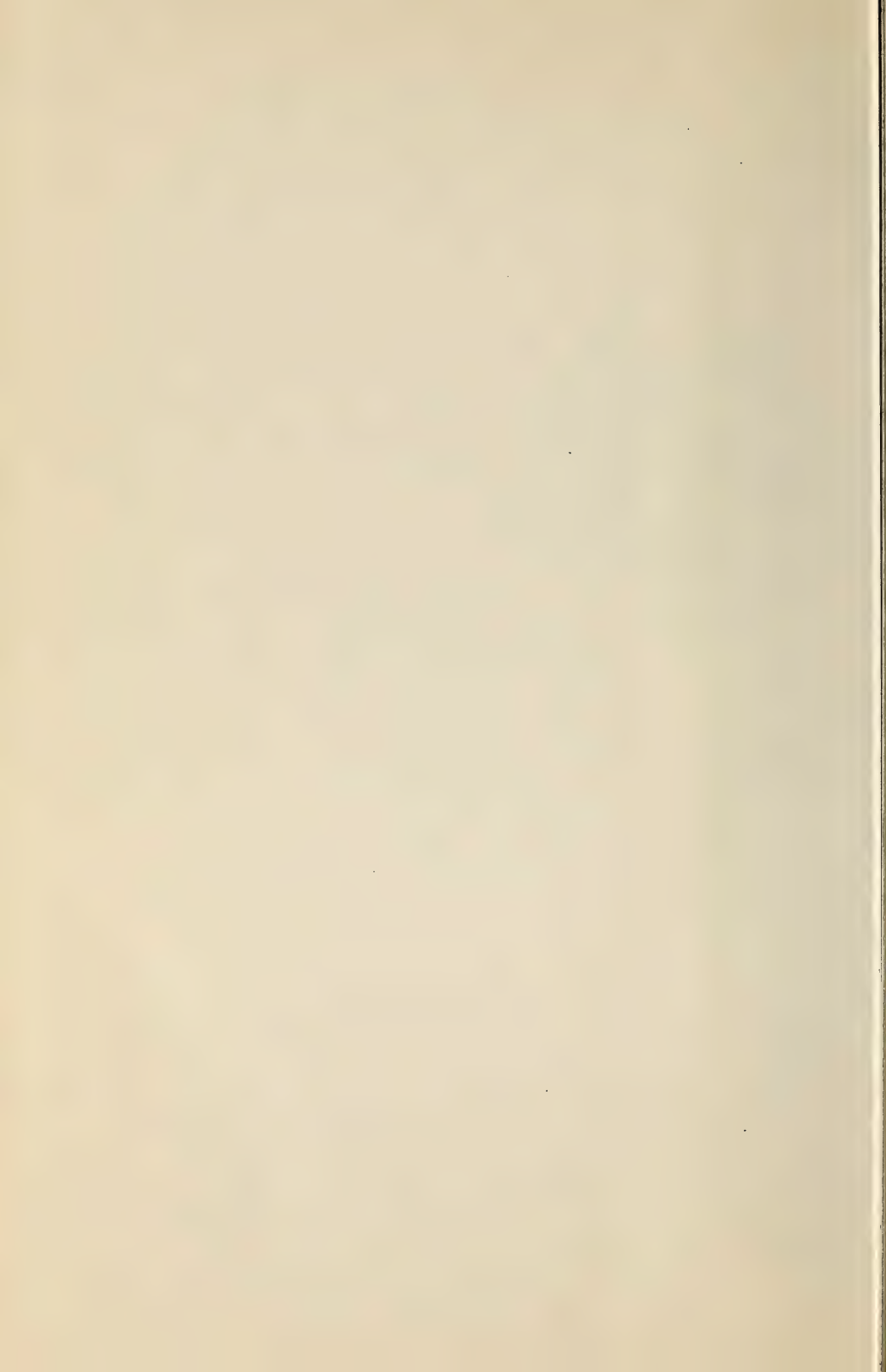
Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" " "	18 1/2 oz. " " "	
" " "	4 Pots, " " and	
" " "	1 Mortar, " " "	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " "	
" " "	4 Pots, " " and	
" " "	1 Mortar, " " "	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" " "	10 1/2 oz. " " "	
" " "	4 Pots, " " and	\$12 00
No. 4, containing	20 1/2 oz. Ground Stop. Bottles and	
" " "	2 Pots, " " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$8 50

Round Top Medicine Trunks, Made of Russet Bridle Leather.

No. 1, containing	9 1/2 oz. Ground Stop. Bottles,	
" " "	18 1 oz. " " "	
" " "	18 1/2 oz. " " "	
" " "	4 Pots, " " and	\$20 00
" " "	1 Mortar, " " "	
No. 2, containing	7 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " "	
" " "	14 1/2 oz. " " "	
" " "	4 Pots, " " and	\$16 50
" " "	1 Mortar, " " "	
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " "	
" " "	4 Pots, " " and	\$13 00
		126 y

3477
1273







SMITHSONIAN INSTITUTION LIBRARIES



3 9088 01224 6252